

REVIEWS AND PERSONAL OPINIONS.

The Lancet: "Miss Rout's direct and incisive style, with which her polemical writings have made us familiar, is shown to advantage in this popular description of the methods recommended for preventing either conception or infection as a result of sexual intercourse."

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Captain Walter Elliot, M.P.: "I am greatly impressed by the frank and courageous way in which you have faced the very difficult problems involved in any really fundamental discussion of sex problems. It is now many years since the modern world turned definitely away from the policy of ignorance as a protection in all other branches of life."

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Sir G. Archdall Reid, K.B.E., M.B., C.M., F.R.S.E.: "It is splendidly clear and direct and will do great good."

Sir Bryan Donkin, M.D. (Oxon), F.R.C.P.: "It is strikingly readable, based on fact, and logical throughout; and no reader can fail to recognise Miss Ettie Rout's high and clearly-conceived ideals and single-minded enthusiasm for promoting human welfare."

Sir James Barr, C.B.E., M.D., LL.D., F.R.C.P., F.R.S.E.: "I must congratulate you on the noble work which you have done and are doing. If we had less cant in this country and more common sense, venereal disease, which is sapping the constitution of the nation, would soon be abolished."

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Mr. Edward Carpenter: "I'm very pleased to give a word of encouragement to such a grand work and wish it Every Success."

SAFE MARRIAGE

“ Knowledge comes, but Wisdom lingers, and I
linger on the shore,
And the Individual withers, and the World is
more and more.”

TENNYSON.

THE HYGIENE OF MARRIAGE

By ISABEL EMELIE HUTTON, M.D.

Foreword by Professor A. LOUISE
MCILROY, M.D., D.Sc., O.B.E.

Crown 8vo. Price 6s. net.

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[*Wandek, London*]

ETTIE A. ROUT.

NOT TO BE LENT OUT

SAFE MARRIAGE

A RETURN TO SANITY

BY

ETTIE A. ROUT

WITH PREFACE BY

SIR WILLIAM ARBUTHNOT LANE, BART., C.B., M.S.
(Consulting Surgeon to Guy's Hospital), etc.

FIFTH EDITION



LONDON : .

WILLIAM HEINEMANN
(Medical Books) Ltd.

1924

The French Government has bestowed the premier decoration for women, The Reconnaissance Française, upon Miss Ettie Rout, of the New Zealand Volunteer Sisters, "for work done during the war (as head of Anzac Soldiers' Club in Paris), and in 1919-1920 as head of American Red Cross Dépôt and Canteen at Villers-Bretonneux, where she helped a great many French soldiers, and rendered precious service to the civilian population of the commune." The War Office also conveyed thanks to Miss Rout "for gallant and distinguished services in the field." "I have it in command from the King," wrote the Secretary of State for War, on 1st March, 1919, "to record His Majesty's high appreciation of the services rendered."

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PREFACE.

IT affords me great pleasure to write a short preface to this book, since it deals with a matter in which I (in common with all those who are intensely interested in the health of our race) am glad to take an active part.

To no woman has it been permitted to do the same amount of good, and to save more misery and suffering, both during and after the war, than to Miss Ettie Rout. Her superhuman energy and indomitable perseverance enabled her to perform, in the most efficient manner possible, a work which few women would care to handle, and of which but an infinitesimally small number are capable. The French Government fully recognised the great services she rendered to the Allies, and did her honour. The book she has written is one of very great value, in that its object is the Health, Happiness, Morality and Well-being of the Community.

Not only has Miss Ettie Rout the qualities that characterise all great humanitarians, but she also possesses, in a unique degree, an intimate knowledge of the terrible troubles that arise from irregular intercourse, and of the manner in which they can be reduced and perhaps eliminated.

In this book she deals with such simple hygienic measures as are little known in England, though they are in common use in France and in the United States, in both of which countries sound practical common sense prevails.

She is persuaded that marriage is the goal to be reached by all, and that everything possible should be done to facilitate it, and so to diminish vice. In her efforts to bring about this happy issue she has the good wishes and congratulations of all who have the health of the community at heart.

W. ARBUTHNOT LANE.

21, Cavendish Square, London, W. 1.

March 25th, 1922.

FOREWORD TO FIRST EDITION.

THIS book embodies the considered opinions of twenty-five years' practical experience of adult life—as an official reporter and journalist, as a voluntary war-worker, and as a married woman. For many of the thoughts and expressions used I am indebted to large numbers of men and women whom I cannot name, and with whom I have been personally and professionally associated in different parts of the world. I am also indebted to the following medical journals for the publication, during the last five years, of many letters, articles, notes, etc.: *The Lancet*, *The British Medical Journal*, *Public Health*, *Municipal Engineering*, *Hospital*, *New York Medical Journal*, etc., etc.

I have to thank the Society for the Prevention of Venereal Disease, the National Birth-Rate Commission, the Joint Select Committee (House of Lords) on Criminal Law Amendment Bills, and the Special V. D. Inquiry Committee, set up by the Ministry of Health in 1922, under the chairmanship of Lord Trevethin, for recording various statements and evidence from me.

It remains only to state these facts: That on January 25th, 1922, Sir Arbuthnot Lane, Sir Frederick Mott, Surgeon-Commander Hamilton Boyden, of the Royal Navy, and a manufacturing chemist, of London, met at my home to decide upon the best medical formulæ for self-disinfecting ointment for men and contraceptive-disinfecting-suppositories for women. The chemist made up sanitary tubes and sanitary suppositories in accordance with these formulæ, but he is prohibited by law from recommending these in England for the prevention of venereal disease, and forbidden to supply printed directions with them, whereas similar medicaments are being

retailed with printed directions in the State of Pennsylvania, and the Health Department circularises medical practitioners thus :—

“ The self-treatment packet, obtainable at drug stores, to arrest venereal infection after exposure, is approved by the State Department of Health on the same principle as is antitoxin given to diphtheria contacts. Proof is lacking that the use of this packet lowers social standards. Reduction in the incidence of venereal disease is a direct result.”

But not only in the clear, cool air of American State Departments of Health is the knowledge and love of sexual cleanliness fructifying. In the *Dublin Review* for January-March, 1922, there is a wonderfully fine article on “ The Church and Prostitution,” by the Right Rev. Monsignor Provost W. F. Brown, D.D., V.G., in which he quotes from a very recent Moral Theology, “ De Castitate,” by the Rev. A. Vermeersch, S.J., Professor of Moral Theology at the Gregorian University, Rome, published in May, 1921. The author of “ De Castitate ” gives brief answers to three questions put to him, which Mgr. Brown quotes in the original Latin, and of which the following is a translation furnished by a Catholic priest :—

“ You ask

1. Whether or not it is formally sinful to use antiseptic ointment before illicit intercourse.
2. Whether or not the use of such ointment may be advocated.
3. Whether or not it is lawful for chemists to sell it.

Ad. 1. Although it seems that in England (*cf. Times*, January, 1917) some have made a scrupulous distinction between the use of this ointment *before* and *after*, and have forbidden the former while approving the latter, you need make no such distinction (of course, supposing the ointment is not used by a woman to sterilize). It is not wrong to seek means, indifferent in themselves, which will prevent the evil consequences of sin.

Ad. 2. It would indeed be a sin to reveal such drugs or to persuade their use with the intention to induce a man to commit sin ; but there is no harm in telling a man who is certainly going to sin how to avoid the consequences.

- Ad. 3. If men could be restrained from vice by prohibiting the sales, this should be done ; but so many are ready to expose themselves to danger that you cannot hope for such a result from forbidding the sale. It is true this removes *fear*, but the general good, and the removal of danger to the innocent, justifies this. Besides, it is a poor virtue which is kept from sin only by the fear of disease. You may add that this remedy can also be used by married persons, in order that they may make honest application of it."

Having gone so far as to admit the desirability and necessity of the medical prevention of sexual diseases, the Professor of Moral Theology will later find himself unable to deny the desirability and necessity of preventing the birth of children liable to be born diseased or unfit. Actually, of course, it is not practicable for a wife to take any suitable precautions against infection by a diseased husband, which precautions will not at the same time be effective, to a greater or lesser extent, in the prevention of conception. And if it is morally permissible for an unmarried man to use means to avoid acquiring venereal disease in illicit intercourse, it is surely permissible for a married woman to use means to avoid having a child by an infected husband. There is no half-way house in the matter of sexual hygiene.

ETTIE A. ROUT.

FOREWORD TO SECOND EDITION.

IN January, 1923, a Memorandum was sent to the Minister of Health, Whitehall, London, by the New Generation League, pointing out that instruction in Birth Control had for several years past been provided for the poor in the large centres in Holland, with beneficial results, and that in England a centre for the provision of such instruction had been in operation for over a year, under the auspices of the League, where poor women were given instruction in Birth Control methods on the Dutch lines gratuitously by a qualified medical practitioner assisted by a trained nurse. The Minister of Health was informed that this clinic was attended in great numbers by poor women, who were most grateful for the instruction given. The Memorandum then continues:—

“At present we understand that the majority of Welfare Centres are under the impression that they run the risk of withdrawal of the Government grant, should they embark on similar instruction. In view of the fact that Welfare Centres and Hospitals are the foci to which the poor and diseased converge, it is evident that the provision of such instruction at all such institutions would be the most effective method of reducing the output of hereditarily diseased children, and of alleviating the conditions of the poor, with an actual considerable reduction of the relief within a short period.

“We therefore respectfully submit:—

“(a) That you should appoint a representative to examine into the working of the above centre.

“(b) That if the instruction given be approved, the Ministry of Health should issue a recommendation that hygienic birth control instruction should be given to all married persons who desire it, and especially to those whose health, hereditary qualities, or conditions, unfit them for satisfactory parenthood.

“(c) That the Ministry of Health should issue a statement to all Welfare Centres that their grants will not be

withdrawn if they engage in such instruction under approved medical auspices."

This Memorandum is signed by Sir William Arbuthnot Lane, Sir James Barr, Sir E. Ray Lankester, Sir H. Bryan Donkin, Dr. T. M. Blaikie, Mrs. Chalmers-Watson, Professor E. W. MacBride, Mr. H. G. Wells, Rear-Admiral H. V. Elliot, Lady Hankey, Mr. J. M. Keynes, C.B., Lady Chambers, Miss Cecily Hamilton, Mr. J. Lort-Williams, K.C., M.P., Rev. Gordon Lang, Rev. A. W. Richards, Mr. Harold Cox, and many others.

Commenting on this Memorandum, Dr Barbara Crawford, M.B.E., M.B., Ch.B., writes me as follows :—

"Miss Ettie Rout has done splendid and courageous work in letting daylight in on subjects which most social workers shun, though they are the most urgent and important problems of our time—the prevention of the conception of diseased and undesired children, and the prevention of venereal diseases which pollute the life-stream of the race at its source.

"For women, the questions of prevention of venereal disease and of prevention of conception are closely interwoven and must be studied together. This is obviously so, for if a woman is in the position of having to guard herself against infection, either from her husband or any other, then it cannot be desirable that impregnation should follow such diseased or doubtful connection—children should be valued too highly to be engendered by casual promiscuity or by diseased marital intercourse.

"All Welfare Centres should teach the mothers how to protect themselves from these infections, and also how to prevent too frequent pregnancies ; and all women treated at the Venereal Clinics throughout the country should be taught the same. The first and best welfare of a child is to ensure, as far as possible, that it may come of clean, sound parents, and be untainted at its conception and birth with such preventible filth diseases !

"There is a great truth in the old saying that 'Cleanliness is next to Godliness,' and in the admonition of the old

sergeant-major to his men—'If you can't be good, be careful!'

"The simplest effective methods should be studied; many of the women who most require disinfection cannot douche and irrigate, for they have no privacy and no conveniences for this; for them preventive and disinfectant suppositories are necessary. These are already in use in the case of private patients and have given good results.

"In every case where contraception is desirable, a well-fitting occlusive rubber pessary should be worn, and in addition a soluble disinfectant suppository, as, for instance, one made of cocoa-butter, with 3 to 10 per cent. of powdered calomel, should be used.

"For the *treatment* of the diseases, should they be contracted, other methods are necessary, and the woman should of course at once place herself under a doctor's care.

"For the prevention of conception, many of the soluble suppositories on the market contain little or no active drugs, but they are not on that account altogether useless; of course they would be much better if honestly prepared, say with two grains of quinine in each; but even without this the melted fat forms a protective film in the vagina, and if placed well up near the cervix does give some protection, though not complete safety. Used with an occlusive rubber pessary the suppository is an additional safeguard. I have known patients who have used the ordinary quinine pessary successfully for years, though the proportion of quinine was extremely small.

"When women understand how these foul and devastating diseases can be prevented by personal cleanliness and care, surely all but the degenerate and mentally deficient will take the means to stamp them out. With the degenerate teaching is of no avail, and other methods are necessary—I have myself delivered a feeble-minded diseased girl of her *sixth child*, and of none of the children did she know who the father was—but for all reasonable and healthy-minded women instruction should be enough.

"BARBARA CRAWFORD."

The official reply, given to the deputation on Birth Control by Sir Alfred Mond, late Minister of Health, and repeated in January, 1923, by Dr. Janet Campbell, of the Ministry of Health, is as follows :—

“(1) Maternity and Infant Welfare Centres should deal only with the expectant and nursing mother and infant, and not with married or unmarried women contemplating an application of contraceptive methods.

“(2) It is not the function of an ante-natal centre to give advice in regard to birth control, and exceptional cases, where the avoidance of pregnancy seems desirable on medical grounds, should be referred for advice to a private practitioner or hospital.”

Thus, Dr. Barbara Crawford says contraceptive advice should be given by private practitioners, by welfare centres and by hospitals; and Dr. Janet Campbell—for the Ministry of Health—says contraceptive advice should be given only by private practitioners and hospitals. The private practitioners are quite ready to take up the matter, and now that the Ministry of Health has advised hospitals to do the same, some progress should be made. I have had some special preventive tablets for women manufactured and submitted to bacteriological examination and test (see page 79, *SAFE MARRIAGE*). The principal drug employed is Chinosol, and the bacteriologist's report is as follows :—

“I have examined the effect of the Chinosol Tablets on the gonococcus, and I find that they are able to kill the gonococcus by contact for one minute. The weakest dilution of pure Chinosol solution, which is sufficient to kill the gonococcus by contact for one minute, is one in four thousand.”

(Signed) D. THOMSON, *Director*.

The “Pickett-Thomson” Research Laboratory,
St. Paul's Hospital, 24, Endell Street, W.C. 2.

April 11th, 1923.

ETTIE A. ROUT.

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I.—INTRODUCTION.

At present marriage is easily the most dangerous of all our social institutions. This is partly due to the colossal ignorance of the public in regard to sex, and partly due to the fact that marriage is mainly controlled by lawyers and priests instead of by women and doctors. The legal and religious aspects of marriage are not the primary ones. A marriage may be legal—and miserable; religious—and diseased. The law pays no heed to the suitability of the partners, and the Church takes no regard for their health. Nevertheless, the basis of marriage is obviously mating, or sexual intercourse. Without that there is no marriage, and with it come not merely health and happiness but life itself. Cut out sexual intercourse, and society becomes extinct in one generation. Every generation must, of necessity, pass through the bodies of its women; there is no other way of obtaining entry into the world. Hence, it is clearly the duty of women to understand precisely the processes involved, from beginning to end.

With the lower animals sexual intercourse is desired only seasonally, and only for the purpose of reproduction. With the higher animals—man and woman—sexual intercourse is desired more or less continuously throughout adult life, and

desired much more for romantic than for reproductive considerations—that is, for the sake of health and happiness rather than for the sake of procreation only. A few women, and still fewer men, have no sexual desires. To them sexual abstinence seems more natural than sexual satisfaction. But for the majority of mankind and womankind—for all normally healthy men and women—there is this continuous desire to be happily mated.

For the sake of health and happiness there is everything to be said for early marriage, but better late than never.* The chief obstacles to early and happy marriage are financial, and these would largely disappear if women were able to control fecundity. The chief obstacles to healthy marriage are the venereal diseases, and these could be extirpated in two or three generations if sexual cleanliness was properly taught to all adults, and if promiscuous intercourse was properly regulated during the same period. Unfortunately most women's idea of regulating promiscuous intercourse is to have none of it. This is impossible in the present stage of moral

* Marriage, whether early or late, cannot of course benefit and elevate society until the present mischievous and archaic Divorce Laws are simplified and reformed in accordance with modern sociology and ethics. Unhappy and unsuitable marriages necessarily foster immorality and promote disease, and the community as a whole gains by their being dissolved in a ready but responsible and dignified manner. The refusal of the Church to marry diseased persons would greatly benefit the nation, whereas its refusal to marry healthy divorced persons not only injures the nation but dishonours the Church.—E. A. R.

evolution, but it will become increasingly possible as we succeed in extirpating the venereal diseases, particularly syphilis. Syphilis is the one great cause of immorality, because persons born with a syphilitic taint (and what family is entirely free from this hereditary disease?) are apt to be mentally and morally deficient; hence, tend to indulge in anti-social and unnatural practices, such as engaging in promiscuous intercourse.

The normally healthy man is a highly selective creature, and the normally healthy woman still more fastidiously selective in romantic relationship. Neither man nor woman is naturally in the least attracted by promiscuous intercourse. On the contrary, it is repugnant to both. Both regard the elements of romance, reciprocity and permanence as essential. These elements are present in marriage and absent in prostitution. Therefore, it is beneath the dignity of any decent, intelligent woman to suppose that promiscuous relationship can ever be as happy and satisfying and attractive as marriage. This, apart altogether from the fact that marriage is fertile and prostitution infertile. No, both man and woman desire love-relationship, not loveless-relationship; and they are really quite fit to be trusted with the evolution of the race through passionate love and the worship of beauty, as soon as society makes harmonious provision for their normal sexual needs. Until society does make early marriage practicable for all healthy adult men

and women, say between twenty and twenty-five years of age, extra-marital relationship, however undesirable, is inevitable, because there are many men to whom, at times, any woman is better than no woman.

But extra-marital relationship is never even safe, because of its promiscuity and impermanence, except in properly conducted and effectively supervised tolerated houses. The tolerated house is absolutely necessary at present to protect women from disease and immorality, by confining this kind of intercourse as far as possible in certain definite channels. The abolition of the tolerated house spreads both disease and immorality into classes of women who would otherwise be immune, and enormously increases the dangers of promiscuous intercourse. Separated from their toilet equipment the women cannot make and keep themselves clean; on the streets they are not taught to refuse intercourse with diseased men; thus their occupation becomes more and more dangerous as medical supervision is removed. They inevitably become diseased; sometimes contract mixed infections, which they pass on to their clients—the future husbands and fathers of the nation—and “The sins of the fathers are visited upon the children even unto the third and fourth generation.” All this would be impossible if women generally would recognise the primary fact that because a man is immoral that it is no reason why he should become syphilitic. We all want to

abolish sin, but failing that we must cease wanting to poison the sinner. We must actively work to save him from the penalties of his folly, for that is the only way in which we can save his victims and succeed ultimately in *making marriage safe*.

Similarly every effort should be made to prevent women becoming diseased, no matter how immoral they may be. The prostitute is very often a woman of peculiar mentality or over-developed animal instincts; and many women are driven to prostitution by drink and poverty. The prostitute class is largely recruited from mentally and morally deficient girls, who are themselves the offspring of syphilitic or alcoholic parents. Prostitution is the effect—not the cause—of anti-social acts and conditions. We must remedy the causes of these before we can hope to remove the effects. Under present social conditions, attempting to abolish prostitution by shutting up tolerated houses is just as idle as attempting to lower the temperature of a room by smashing the thermometer. All we can do is to make and keep these women clean. If we decline to do even that, then diseased women will succeed in contaminating our men much faster than we can instruct the men in sexual cleanliness.*

* Diseased women will continue to cater for men so long as they are left free to do so, but as knowledge grows their clients will tend to be limited to *diseased men*. Once men clearly understand that *every* casual connection is a risk of disease, they will certainly tend to run fewer risks.—E. A. R

And again, just as the medical prevention of venereal disease was not proposed, and has not been applied for the purpose of fostering or condoning promiscuous intercourse,* so the conscious control of fecundity by contraception must not be applied in such a way as to lessen the proportion of well-born citizens in the nation taken as a whole. Birth-control applied only by the responsible classes of the community combined with indiscriminate fecundity among the irresponsible masses, must inevitably lead to the lowering of the general average in character, brains and physique. It is a form of reverse selection—the responsible being out-bred by the irresponsible. What is wanted is the general application of birth-control by voluntary contraception, and the particular application of voluntary and compulsory sterilisation of the feeble-minded and unfit.†

Enthusiastic advocates of birth-control claim it as a means of *improving the race*. It is not necessarily anything of the kind. You cannot improve a flock of sheep or a herd of cattle by letting all the individuals breed; whether each individual has a small number or a large number of offspring makes comparatively little difference. The way to improve the flock or herd is to breed

* My own experience among the troops quite convinced me that the more thoroughly and carefully self-disinfection was taught, the less immorality there was. It was impossible to teach self-disinfection properly without at the same time instilling a living sense of danger into the minds of men and women; and this danger-sense certainly led to more self-restraint.—E. A. R.

† See pages 64 and 65.

only from *the best*, and eliminate the unfit as breeding material. Changes in environment may improve or deteriorate the individuals of one generation, but such changes are not inheritable, excepting in the case of venereal disease. Syphilis, *e.g.*, may damage the germ-cells of a man's body, and thus lead to his procreating diseased and damaged offspring—idiots, imbeciles, mental or moral deficient, and so forth, who unfortunately are fertile. Thus the prevention of venereal disease is a eugenic force. It is in fact the *only* eugenic force in operation at present. Generally speaking, it is the well-developed and high-spirited and enterprising young men who travel most, and who, therefore, are most likely to contract and spread venereal disease. They come in contact with a much larger number of women than those who stay at home instead of wandering abroad. These well-to-do young travellers often marry the finest of our women, and later in life damage or sterilise them through latent or chronic venereal disease. Hence many one-child marriages—due not to the use of contraceptives, but to the action of the gonococcus transferred to the body of the wife.

But there is this hope. It is among the mentally alert and well-informed men and women that birth-control is first understood and applied, and it is among this very same class that the medical prevention of venereal disease is also first understood and applied. Thus, there will tend to be

less disease among this class than among the mentally torpid and ill-informed masses of the community. This in itself will not *improve* the race, but it will prevent the deterioration of certain classes and increase their numbers. Nevertheless, so long as the irresponsible and feeble-minded and diseased are permitted to multiply indiscriminately, as at present, they must ultimately outnumber and overwhelm the classes which are practising self-restraint or applying birth-control. This process may even be hastened by a political enfranchisement, which enables twelve feeble-minded persons to outvote two wise men six times over. Thus, to succeed democracy must raise and maintain the general average of brains and character throughout the community. In so far as it permits low-grade individuals to be born in the homes of the masses, and high-grade individuals in the homes of the classes, it is manufacturing a rod to thrash its own back, successful rebellion against which mode of Government ends in mere anarchy and chaos.*

One duty at any rate is quite clear. No woman should run any chance of conception unless she is certain of her own health and the health

* The present need of the white race is to increase its numbers of fit and decrease its numbers of unfit. Over-population (except in a few patches of the Old World) is not likely to be a problem for the white race for centuries. They have several continents practically empty and undeveloped, and science has as yet touched only the fringe of the possible productivity of the earth in the matter of food supplies. The worst feature of the British Empire is that there are too many Englishmen and not enough Anzacs.—E. A. R.

of her partner—the man who is to be the father of the child she is to bring into the world. If her husband's health is unsound, and she cannot avoid intercourse, she can certainly take precautions against conception and against infection. The control of fecundity and the control of infection are parallel problems, and generally speaking, the measures a woman takes to prevent conception will also prevent infection. If these precautions are not taken, a woman may not only become seriously ill herself, but she may blast the health of her unborn babe—or infect it herself during or after birth. Clearly then it is her personal, as well as her maternal and national, duty to apply preventive measures.

Women should understand that there is *always* a great deal of venereal disease—millions of fresh cases every year in the British Empire. During the war there were about half-a-million fresh infections per annum among the soldiers in the British armies alone—about two million men infected altogether at the very least.* Some

* The devastation of these diseases among the British armies abroad (in the Rhine, Black Sea, and Palestine areas, etc.) has been much worse since the Armistice than during the war. Approximately one-fourth (sometimes one-half) of these armies become infected with venereal disease every year. From 1919 to 1921 somewhat soothing statistics were issued for the army of the Rhine, but these have now been admitted in Parliament to be "*quite unreliable*" (Parliamentary Debates, House of Commons, November 3rd, 1921, p. 1952). It must be remembered that, owing to the exchange value of the £, the English soldier on the Rhine is now being paid about £8 or £10 per day; that is, he draws a far higher salary than the highest paid German official; hence there is no riotous pleasure, however expensive and extravagant, which he cannot afford. These conditions do not promote manly virtue or even sexual cleanliness.—E. A. R.

were cured, others patched up; some very badly treated; some not treated at all; many demobilised while in an infective condition, and thus liable to come home and sow in the bodies of clean women the seeds of diseases picked up in foreign lands in moments of excitement and folly. Blame these men if we must, but in all fairness let us ask ourselves: *Who infected them?* And the answer is: *Diseased women.*

The venereal diseases are passed on from one sex to the other in a continuous chain, but the chain can be broken at any time *by either sex.* And now it is the *married women* on whom we must rely to see that these infections are stopped. Leaving women to the chance protection of their partners is demonstrably a failure. Here is an extract from a letter sent me recently by an old and experienced medical practitioner:—

"I have had many women under treatment who have been continually re-infected by their husbands."

Men and women must both seek knowledge and both accept responsibility for the venereal problem. They must face this problem independently and in co-operation, and above all—face it *honestly.* There is no other way.

It is all very well to say that the man is responsible. That is only a partial truth.* The woman is equally responsible as soon as she is equally well informed. A woman's body is her own, and she will never be really free until she knows how to look after it properly. If she is

* It would be much less untrue to say that the remedy for the venereal problem is *clean women.*—E. A. R.

fit to vote, fit to pay taxes, fit to hold her own estate under the Married Women's Property Act, why should she not learn to exercise intelligent and responsible control over her own self? Why do so many women *allow* themselves to be impregnated and infected against their will? Because they do not understand the construction and functions of their own body. When they do understand this, they will guard their own health as carefully as they guard their reputation. They will then not only keep their own sexual organs scrupulously clean, but they will encourage their husbands to do the same. Sexual intercourse is far more refreshing and exhilarating in every way when both husband and wife have cleansed their parts immediately before enjoying it. It is only natural that both should wish to be sweet and clean before approaching the closest of all bodily intimacies.

But more than this. Every well-informed woman knows that there is far more venereal disease in the world to-day, among men and among women, than there was before the war, and she should train all the members of her household in habits of strict cleanliness. Instinctively they will then avoid risking their health by contact with a possible source of defilement, or if the risk has most unfortunately been taken, they will instantly and instinctively remove and destroy the possible infection, in the same rapid and effective way as they would cleanse their boot from filth accidentally coming

in contact with it. By all means let the mothers continue to inculcate virtue, but they should also teach sexual cleanliness directly and indirectly, themselves setting the example. After all, the microbes of venereal disease grow almost exclusively in the genital passages, and if these were kept sweet and clean there would soon be an end to venereal disease. It is not a matter of making *vice* safe: it is a matter of making *marriage* safe: a matter of restoring and maintaining physical health, family and national, and above all, of protecting innocent women and children, for if vice has its dangers so also in these days has innocence its own peculiar perils, and it is the cry of these victims—often so young and so fair—that must affect us most deeply.

More than fourteen years ago, Mr. George Bernard Shaw, in the Preface to "Getting Married," wrote the following regarding "The Pathology of Marriage":—

"As to the evils of disease and contagion, our consciences are sound enough: what is wrong with us is ignorance of the facts. No doubt this is a very formidable ignorance in a country where the first cry of the soul is, 'Don't tell me: I don't want to know,' and where frantic denials and furious suppressions indicate everywhere the cowardice and want of faith which conceives life as something too terrible to be faced. In this particular case, 'I don't want to know' takes a righteous air, and becomes 'I don't want to know anything about the diseases which are the just punishment of wretches who should not be mentioned in my presence or in any book that is intended for family reading.' Wicked and foolish as the spirit of this attitude is, the practice of it is so easy and lazy and uppish that it is very common, but its cry is drowned by a louder and more sincere one. We who do not want to know, also do not want to go blind, to go mad, to be disfigured, to be barren, to become pestiferous, or to see such things happening to our children. We learn, at last, that the majority of the victims are not the people of

whom we so glibly say, 'Serve them right,' but quite innocent children and innocent parents, smitten by a contagion which, no matter in what vice it may or may not have originated, contaminates the innocent and the guilty alike, once it is launched, exactly as any other contagious disease does; that indeed it often hits the innocent and misses the guilty, because the guilty know the danger and take elaborate precautions against it, whilst the innocent, who have been either carefully kept from any knowledge of their danger, or erroneously led to believe that contagion is possible through misconduct only, run into danger blindfold. Once knock this fact into people's minds, and their self-righteous indifference and intolerance soon change into lively concern for themselves and their families."

The facts seem so plain, and yet there is still great opposition to the promotion of a knowledge of sexual cleanliness and self-disinfection. Only a short time ago (the end of 1920), Sir Frederick Mott, the great authority on syphilis, felt obliged to oppose some opponents of self-disinfection at a public enquiry in London in this fashion :—

"The point is that large numbers of innocent women have suffered from disease. They are rendered sterile, have miscarriages and abortions, and large numbers have been ruined. I have been connected with the London County Asylums for twenty-five years, and I have seen in those asylums people from all states of society, and I have seen them die of general paralysis. Five per cent. of the people who get syphilis, in spite of treatment, develop this disease. That is only one aspect of it. I was on the Royal Commission on Venereal Disease, and Sir William Osler, who was a great authority, said that he could teach medicine on syphilis alone, because every tissue in the body is affected by it, and that the diseases of blindness, deafness, insanity and every form of disease may be due to syphilis. You have only to consider the effect that it had upon the army, and I understand that more than two army corps were invalided during the war on account of venereal disease. What have you to say to that? Does not that create some anxiety?"

It is difficult even to read this eloquent appeal—the more eloquent perhaps because it was

quite unpremeditated—without being deeply moved. Yet the witnesses opposing Sir Frederick Mott were apparently unaffected. Of them, as of men of old, it might justly be said :—

“He hath blinded their eyes, and hardened their heart; that they should not see with their eyes, nor understand with their heart, and be converted.”

And now large numbers of hospitals all over the Empire are issuing appeals for the means to treat venereal disease.

“It is tragic,” says one London hospital, “to see the sufferers—men, women and even little children—innocent little mites, knowing not from what they suffer or why they should. It is thought by many that venereal disease is a sign of guilt, but large numbers of our patients are innocent victims.”

Is it not time then that we all stopped repeating timid platitudes about making vice safe, and did something practical to *make marriage safe*?

Why don't we?

Is it because we are afraid to define the terms we use so glibly? We talk of promoting chastity, for example. *What is chastity?* Surely chastity is happy, healthy sexual intercourse between a man and a woman who love one another; and unchastity is sexual intercourse between those who do *not* love one another. No sexual intercourse at all is neither chastity nor unchastity; it is the negation of both, and it ends in extinction. Why trouble so much about a negation that inevitably means racial death? Why not devote ourselves to life and love; to the building of a happy healthy human family—a family that

instinctively realises that the clean blood-stream of a nation is its most priceless possession?

But the national blood-stream can never be clean until there is a complete knowledge of sexual control and sanitation among all of us, and especially among women. One of the very first things which women must learn to understand is the control of conception and the control of venereal diseases. They must learn how to prevent the birth of the unfit; how to secure the birth of the fit; and even though their husbands are infective they must learn how to break the chain of infection in their own bodies, so that what is bad for the race does not become worse. If women are brave enough and wise enough, they can in most cases *wipe out the scourge of venereal diseases from their own hearths and homes*, and ensure that every child born is at least physically fit. But this cannot be done without *knowledge*, and that knowledge is at present lacking.

The following pages are written with the object of imparting useful, practical knowledge to sensible and serious women. The women who accept and apply this knowledge can rest calm in the sure and certain faith that it is their offspring who will build up the coming race.

II.—PRACTICAL METHODS OF PREVENTION.

A. FOR WOMEN :

SEXUAL REPRODUCTION.

To understand the practical methods of birth-control, or the control of conception, we must first have a clear view of the processes involved when the reproductive organs are in activity, and of the nature and situation of the sexual organs themselves. The diagrams on pages 34, 35 and 36 show in general outline the reproductive organs of man and woman.

Now fertilisation does not necessarily occur whenever the male organ comes in contact with the female organ. Fertilisation occurs only when a male-cell (spermatazoon) unites with a female-cell (ovum); in other words, when the spermatazoa in the seminal fluid of a man meet and unite with the germ or ovum in the body of a woman. That is the beginning of the child. This union of the two cells need not take place during or immediately after sexual intercourse. It may occur many hours, or even two or three weeks, after connection, because the spermatazoa have motion of their own. They are tiny thread-like bodies, which may work their way towards

the ovum long after they have left the body of the man and been placed in the body of the woman, and the uterus has a searching movement, and may by its pulsations draw the spermatazoa upwards. For these reasons a woman cannot be quite sure of the exact time of fertilisation, and hence cannot predict exactly the date of the child-birth. Generally the pregnancy lasts nine months, but it may last longer—say ten months on rare occasions; and it may be extended apparently by a delay in fertilisation; that is to say, spermatazoa deposited near orifice of vagina may live and move for days or weeks, finally meeting and fertilising the ovum.

PREVENTION OF CONCEPTION.

For many reasons which I need not enumerate here, the precautions against impregnation can most easily and effectively be taken by the *woman*, rather than by the man. She is the one fertilised, and therefore she is the one to guard herself against fertilisation.

There are *two methods* of preventing fertilisation :—

(1) *The chemical method*, that is, the destruction of the male cells (spermatazoa) by means of a suitable germicidal substance, such as many of the disinfectants; and

(2) *The mechanical method*, that is, the adoption of measures which keep the male and the female cells apart from one another.

Neither of these two methods in practical application by ordinary women can be said to be *completely certain*. Both are apt to fail at

times. The chemical method, that is, the application by the woman of a suitable soluble contraceptive suppository before connection, or

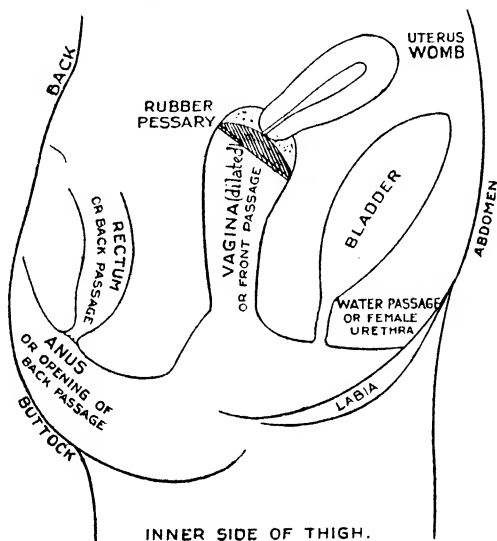
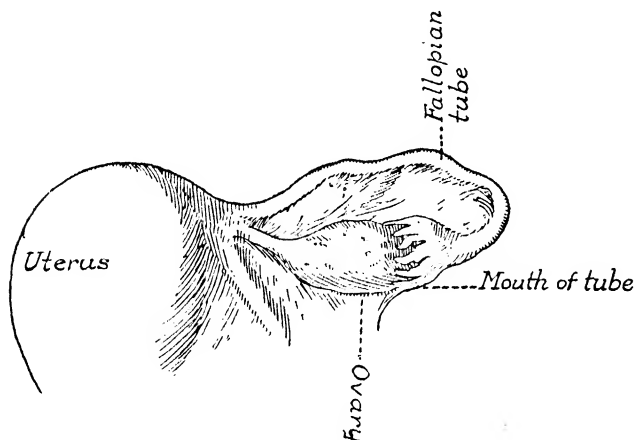


DIAGRAM I.—Female organs of generation in normal condition. This shows diagrammatically the position of the organs if a woman were cut in two between the thighs. The rubber pessary is shown in position, slightly distending upper end of vagina (or front passage), and covering the opening into interior of womb. A suppository introduced beforehand will dissolve and occupy the dotted space above rubber pessary, forming a pool around the mouth of the womb, as well as a protective film over the furrowed walls of vagina, which are elastic and collapsible. Infection with gonorrhœa may occur in the female urethra (or water passage) or in the vagina, etc. Syphilis may infect internal and external parts of female organs; also breasts, mouth, tongue, etc., and other openings of the body.

of a germicidal douche (such as a dilute solution of lysol) after connection, or both these measures

taken consecutively, may fail because of some fault in application, or because the seminal fluid actually enters the womb during intercourse; that is to say, when emission takes place, the



UTERUS, OVARY AND FALLOPIAN TUBE.

DIAGRAM 2.—The Fallopian tubes and ovaries are not shown on Diagram 1. There are two ovaries and two Fallopian tubes, one on each side of the uterus. The female cells or ova are formed in the ovaries and discharged into the Fallopian tubes, along which they travel into the uterus. It is believed that the union of the male with the female cell usually occurs in the Fallopian tubes, but that it may occur in the uterus. If the ovary becomes diseased, a diseased or damaged child may result.

end of the male organ may be exactly opposite and close to the mouth of the womb, and the spermatazoa in the seminal fluid enter directly into the womb, and cannot then be removed or destroyed by douching or contraceptives of any kind. Now if the physical conformation of the

reproductive organs of the husband and the wife render this event possible or probable, then soluble suppositories and contraceptive douching

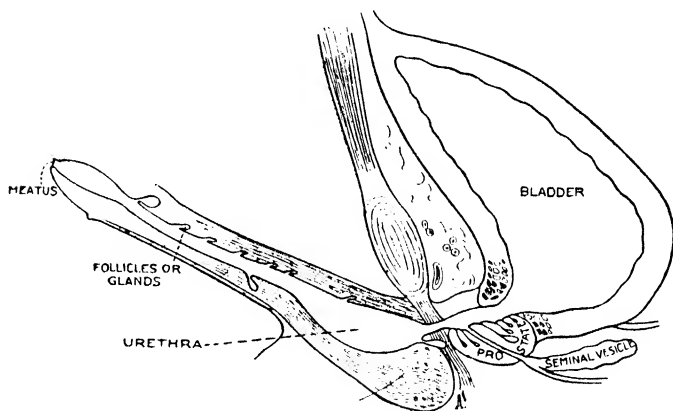


DIAGRAM 3.—This diagram shows the male urethra or passage down the male organ as somewhat distended. Generally, the walls of this passage are collapsed together. The seminal fluid is discharged down the urethra and emitted at orifice marked "meatus." The small glands indicated are especially liable to be infected with gonorrhœa germs, but infection may occur almost throughout the entire length of the male passage. Infection with syphilis may occur on the outside of the male organs and elsewhere.

are alike unreliable, by themselves or in combination. On the other hand, the mechanical method, that is, the use of a rubber protector, preferably the watch-spring occlusive * "Dutch "

* Judging by certain original letters (dated December, 1888, to November 1892), which I have seen myself, by the courtesy of

pessary, by the woman may also fail, because the protector is porous or ill-fitting. But—if *the two methods are combined*, the chemical method and the mechanical method, *then the protection against fertilisation may be regarded as almost absolute*. The completeness of the protection depends, of course, upon the proper application and combination of the measures advised.

I have discussed the various measures fully with leading medical authorities in London and Paris and elsewhere during the last five years, and have gradually evolved the recommendations made here, and these recommendations have the highest medical and scientific support and approval. Other methods than those recommended are referred to in Appendix I; to enumerate here those that have been eliminated would be purposeless and confusing. We are satisfied that we have selected the least harmful and most reliable methods known to science yet. These methods and these only will be explained and recommended. Everything possible has been done to make the methods *acceptable to women*.

Mr. E. W. Lambert, the watch-spring pessary was first suggested here by an English doctor, and manufactured for him in London. Under date December 23rd, 1888, the doctor wrote:—

“I think highly of the watch-spring rim. There will be very little fear of conception with one of these new pessaries properly adjusted, as the rim will press equally all round. The inflated pessary would be the most perfect, however, if you could only contrive some method to prevent escape of air and consequent flattening. Such a pessary would be most comfortable.”

UNATTAINABLE CONDITIONS.

Before detailing these methods, I want to ask every woman to rid her mind of certain false hopes and impossible demands. It is no use asking for something which gives no trouble at all, which costs nothing, and which is at the same time absolutely certain to prevent conception. These conditions are unattainable. But almost absolute control of her reproductive functions is most certainly attainable by every careful, intelligent woman willing to spend a good deal less time and money over her sexual toilet than she now spends over the care of her teeth, for example.

SEXUAL TOILET OUTFIT.

To begin with, it is necessary to obtain

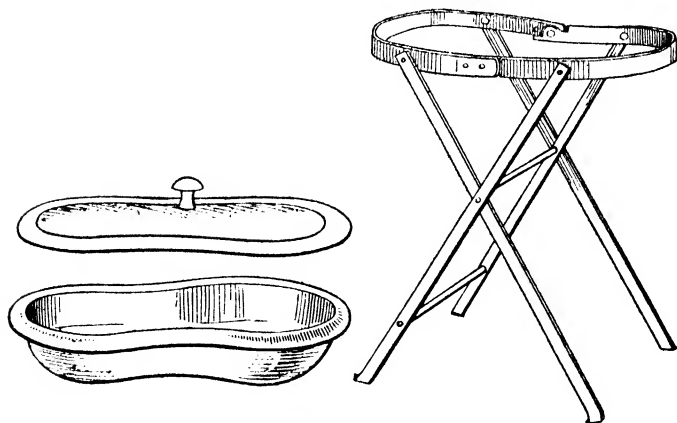


DIAGRAM 4. PORTABLE BIDET.

Care should be taken not to have Bidet stand too high. The French models are the best design.

suitable sexual toilet outfit, and the requirements for this are as follows :—

Enamel bidet, soluble suppositories, suitable syringe, and properly-fitting rubber pessary. These are illustrated on pages 38 and 43.

GENERAL CONDITIONS.

1. *Cleanliness*.—Sexual control is largely a matter of sexual cleanliness. We must all learn to keep the genital passages cleansed in the same way as we keep all the other openings of the body clean. The ears, eyes, nostrils, mouth, anus, orifice to the urethra, and the vagina should be appropriately cleansed daily. The openings of the body which stand most in need of daily cleansing are the anus and the vagina, and yet many women fail to cleanse these properly at all. Every home should have a suitable bidet (preferably fitted into the bath-room, with hot and cold water attached), and every member of the family should be trained from childhood to use the bidet, night and morning, with the same care and regularity as they use their sponge or tooth-brush. All over the Continent and in the United States of America this is done in well-ordered households nowadays, but hardly anywhere in the British Empire is it done at all.

2. *Soluble Suppositories**—Generally speaking, the soluble quinine pessaries or suppositories which are sold in the shops are unreliable. Several brands have recently been analysed and found to contain no quinine at all—or particular

* See page 81.

pessaries have been without sufficient quinine. Quinine is fatal to the spermatazoa, and without it these pessaries are simply pieces of soluble cocoa-butter. Cocoa-butter is the substance generally chosen for cheap soluble pessaries, because it is easily obtainable, and has what is called a sharp melting point—that is, it dissolves or melts very suddenly and readily at body-heat, but is solid below that heat. Cocoa-butter in itself is quite harmless—usually non-irritating (unless it is “rancid”)—and it gives some mechanical protection, in the same way as vaseline or any kind of fat or oil would do, provided, of course, it is in the right place to catch and entangle the spermatazoa and thus prevent their uniting with the ovum. Research and experiment have proved conclusively that no spermatazoa—indeed, *no microbes or germs of any kind—can pass through a film of oil*. But if the protective covering of grease is incomplete at any point, it may there prove ineffective, and there is no chemical protection whatever if the particular germicide relied upon, such as quinine, has been omitted. Quinine is sometimes omitted on the ground of expense, and sometimes because it proves irritating to many women. Only really suitable suppositories, guaranteed to be made in accordance with accredited medical formulæ, should be used. These suppositories should be composed of specially selected and tested fats, should be soothing and cleansing, as well as protective; should be stainless, odour-

less, and quite non-irritating. If they do cause any woman discomfort temporarily, vaseline or soap-suds could be substituted, but might not be quite so certain to prevent conception.

3. *Syringe*.—The ordinary enema is not a particularly suitable appliance for the purpose of douching. The kind of syringe required is one which will not only flood the vaginal passage with warm water or very weak antiseptic lotion (such as dilute solution of lysol), but one which is sufficiently large for the contents on injection to distend slightly the walls of the vagina, straighten out their folds and furrows, and thus let the cleansing and protecting lotion touch every part as far as possible. A movable rubber flange is necessary to act as a stopper at the mouth of the vagina, and thus enable the woman to retain the lotion for a minute or so. Care should be taken, when filling the syringe, to express all the air from it—by filling and re-filling it two or three times with the nozzle under water; otherwise the first thing put into the vagina would not be warm water or antiseptic lotion, but simply a large bubble of air.

4. *Soluble Suppositories and Rubber Pessaries*.—It is quite true that the use of a suitable soluble suppository alone may be sufficient to protect against impregnation, but the protection by this means does undoubtedly fail at times, and therefore, by itself, the soluble suppository is unreliable. Still it eliminates the majority of the chances of impregnation. The use of the

rubber pessary is also sometimes unsuccessful because it does not fit properly, or because it is porous, or because in removing it some of the seminal fluid from the under-surface may be accidentally spilt in the vagina, and in this way the spermatazoa may later find their way upwards to an ovum. Therefore, the soluble suppository and the rubber pessary should be used in combination. A woman should first push up, as far as possible, a suitable suppository, and then insert the rubber pessary (slightly soaped—with soap-suds), so as to occlude the whole of the upper part of her genital passage and thus cover the mouth of the womb and effectively prevent entrance of the spermatazoa. If *complete* safety is to be ensured, the rubber pessary *must* in the first instance be fitted by a doctor, because if it does not fit properly it may be ineffective. The seminal fluid may pass by its loose rim and impregnation may result. If the rubber pessary has been properly fitted, and *it is not porous*, the protection should be complete; but if, by any accident, spermatazoa should get beyond the rubber pessary, they will be destroyed and entangled in the melted suppository—provided, of course, that a suitable suppository has been used. It is all a question of getting the right articles to begin with and using them intelligently. But there is this chance—a bare chance—of accidental impregnation, and we want to eliminate all chances, if possible. Assuming the rubber pessary fits properly, as it will

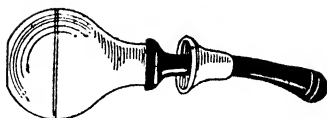


DIAGRAM 5.—Scale: One-sixth actual size.

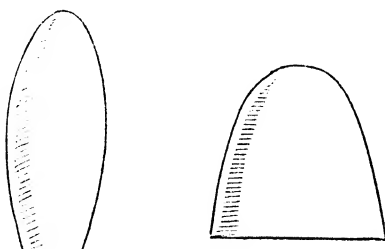
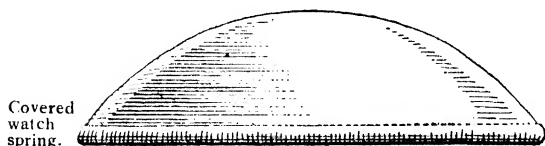


DIAGRAM 6.

TWO FORMS OF SUPPOSITORIES. ACTUAL SIZE.

These melt rapidly after introduction and provide a pool of anti-septic fluid around mouth of womb. They are unsuitable for tropical countries.*



(Usual sizes required are 50 to 60 mm.)

DIAGRAM 7.

COVERED WATCH SPRING RUBBER PESSARY. SEEN IN PROFILE.

It is understood that this is circular. The thickened rim retains this circular shape by means of enclosed watch spring when the pessary is in position. To insert conveniently, the thumb and forefinger are placed on opposite sides of rim, and the spring pressed into a long oval shape.

* See page 81.

if skilfully selected and applied in the first instance by a competent medical practitioner, then the seminal fluid must remain in the lower part of the vaginal passage. An hour or two after intercourse, or next morning, this seminal fluid can all be washed away by the use of syringe and bidet. It is far better to sit over the bidet and syringe in that position than to squat down over a basin—an uncomfortable and unsuitable position for douching, because the walls of the vagina in that position may be pressed hard together. The fluid should be retained in the vagina for a minute or two, by pressing the flange of syringe closely against the orifice of the vagina. *After syringing, but not before*, the rubber pessary should be removed (to be washed with soap and water, dried carefully, and put away till required again), and immediately after removing the rubber pessary it is a good plan to facilitate the ejection of the surplus fat of the suppository by urinating and re-syringing. It is quite easy for a woman to insert and remove these rubber pessaries for herself as occasion requires, provided that whilst inserting and removing the pessary she has placed her body in a suitable posture—say, lying on the back with knees drawn up, sitting on bidet, standing with one foot on a chair, squatting on the haunches, or adopting whatever other position she finds suitable. A doctor's help is needed only when *first* selecting the right size of pessary. The pessaries are made in several different sizes, each size being

numbered, and the right size can always be obtained on order. No harm may come from wearing the pessary for a day or two, but it is highly desirable as a matter of cleanliness and otherwise to remove the pessary in the morning when performing the sexual toilet. The pessary should, of course, never be worn during the menstrual period. A good rubber pessary should last from three to four months, and it should be occasionally examined to see that there is no hole in it. If it has been fitted shortly after a miscarriage or confinement, refitting is desirable at the end of a few months. But in normal circumstances refitting is not necessary.

5. *Antiseptic Douching*.—If antiseptics of any kind are used, such as lysol, they should always be used in *very very weak solutions*, and should be varied from time to time. There is no necessity ordinarily to use anything but plain warm water, with perhaps a little table-salt in it, for internal cleansing, and soap and water for external cleansing; then dry parts carefully. But some women prefer a weak antiseptic vaginal wash, as they do a weak antiseptic mouth wash. If a woman is unfortunate enough to be married to a man liable to infect her, then she should follow the same practice as detailed here (every effort, of course, being made for her husband to be cured as soon as possible), and she should use a *special suppository*, as prescribed by her doctor or otherwise authoritatively recommended, and should douche and urinate *immediately after*

each sexual connection. She should also, before douching with weak disinfecting lotion, wash thoroughly—internally and externally—with suitable soap and water. This will certainly help to prevent infection in the vagina and elsewhere. The rubber pessary and the suppository will give her a very real measure of protection against the worst of all forms of infection, viz., uterine and ovarian. She can also protect herself against infection in the female urethra—that is, the passage from the bladder—by urinating *immediately after each connection*, as advised. A good deal of nonsense is still talked about the alleged harmfulness of douching. The same kind of distracting and misleading statements were made a few years ago regarding antiseptic mouth-washes, which were similarly condemned. Fortunately, we are passing out of these dark ages! Soon it will be regarded as quite as natural and necessary and desirable to cleanse the genital passages as to rinse out the mouth or wipe the nostrils.

It is important to remember that the "*personal equation*" counts for something in choosing a disinfectant, some substances suiting one person and some suiting others. "One man's meat is another man's poison." It is also very desirable to "*ring the changes*" by using, say, lysol one day, something else the next, and so on. Using three or four simple disinfectants alternately on different days of the week tends to make the disinfectants less irritating and more efficacious,

as well as adding a fresh interest to the toilet performance. On this and other points *personal instruction* is far the best—provided you can find a good instructor. Every man and every woman should seek an opportunity of learning, from competent authority, precisely what to do in the matter of prevention, and what it all means. Reading books is all very well, but personal tuition as well is a great advantage.

SUMMARY.

Finally, the following briefly summarises the recommendations for women:—

1. *Before Intercourse, Wash and be Clean.*—Insert soluble suppository, and then place rubber pessary in position, concave side downwards. This will slip up more easily if slightly soaped. No harm can possibly come either to husband or wife from these appliances, and neither party will be conscious of the presence of the occlusive rubber pessary (some other kinds of rubber pessary have not these advantages). The pessary can be inserted some hours before intercourse, and need not be removed till some hours afterwards. *The rubber pessary should not be worn continuously.* If you have mislaid the pessary, a small rubber sponge, a piece of clean cotton-wool, or even a piece of soft tissue paper can be used. Native women in different countries use seaweed, moss, sponge, etc., and Japanese women use rice-paper to plug upper end of

vaginal passage. But these articles are not so clean or reliable as the occlusive rubber pessary. If sponge or cotton-wool is used, it should be saturated in contraceptive lotion or smeared with contraceptive ointment or made soapy before insertion. But always remember—the rubber pessary is cleanest and safest.

2. *After Intercourse*.—Douche next morning (or earlier), remove rubber pessary, wash and dry it and put it away slightly powdered. Where there is any chance of venereal infection, the woman should urinate *immediately* after *each* connection, wash with soap and water, and then *at once douche with weak and warm disinfecting lotion*. If medically directed, she should also use a little calomel ointment for anointing parts that have been touched in any way.

3. *Daily*.—Cultivate in yourself and in the members of your household habits of sexual cleanliness. *Wash and be clean*. Apply this to all the openings of the body, but in particular to the vagina, urethra and anus, which should all be cleansed night and morning. This practice is not simply cleansing and refreshing, but it is preventive of many forms of disease, such as piles, etc., etc., and

4. Always remember that the spread of this kind of knowledge has been made possible by the long and patient efforts of hundreds of doctors, many of them unknown and forgotten, and that women will best be able to apply this knowledge efficiently by working in loyal co-

operation with medical practitioners who have made a special study of these matters.*

DIGEST OF BEST PREVENTIVE PRECAUTIONS.

Before Connection.

1. Douche with warm water or weak anti-septic lotion (warm).
2. Insert suitable suppository.
3. Place rubber pessary in position.

After Connection.

4. Douche.
5. Remove rubber pessary. (Urinate to facilitate ejection of surplus fat.)
6. Douche and dry parts.

The use of rubber pessary does *not* do away with desirability of douching, but it does enable the woman to douche at her own convenience with safety.

LOTIONS.

The following may be named as suitable disinfecting and contraceptive lotions:—

Half a teaspoonful of Lysol in 5 pints of warm water;	
or One teaspoonful of Sanitas	
or One quarter teaspoonful of Bacterol	"
or 2 grains of Sulphate of Copper	"

For cheap, simple contraceptive lotions use a weak solution of table salt and water, or of vinegar and water; say a tablespoonful of vinegar or salt to five pints of water.

N.B.—Where there is grave danger of venereal infection, it is an excellent additional precaution

* See page 79 for "Note" regarding Sterility, by Dr. Barbara Crawford.

to douche first with soap and water, and douche again with antiseptic lotion. The sooner this is done the better.

If all or most of these hygienic measures are widely made known to women, it can rightly be claimed that women have been released from the twin terrors of unwanted pregnancy and venereal infection, which are at the present time ruining their marital health and happiness in so many cases. Even if *some* only of these measures are adopted, the nation as a whole cannot fail to benefit mentally, morally and physically. The success of the measures, of course, depends to some extent on their being taken *in time*, but in this, as in many other directions, the old proverb holds good: *Better late than never*.

NOTE.—Many women have written to me saying they are unable to obtain the services of a doctor to fit rubber pessary, and asking for further advice. To such the following may prove useful:—

1. Very few women require a larger size of pessary than 60 mm. to 65 mm.—the usual sizes selected by experienced medical practitioners.
2. Women relying on self-fitting will probably find it easier to adjust 55 mm. or 50 mm. sizes, or even smaller.
3. The watch-spring rim is bound to keep the pessary more or less in the correct position (in the normal woman), and it will cover the entrance to uterus if placed ACROSS (not along) vaginal passage.
4. Where self-fitting has to be relied on, a soluble suppository should always be used beforehand.

This information summarises my own experience and observation; it has also been confirmed by different medical practitioners and by the makers of the watch-spring rubber pessary. Nevertheless, it is far more satisfactory for every woman to be fitted by a doctor, partly because the fitting is then done more accurately, and partly because no woman can tell, without examination, whether she is quite normal or not. If any woman, unable to find a suitable doctor, writes to me, c/o my publishers, I shall be glad to send her the name of an experienced medical practitioner qualified in this branch of the profession.—E. A. R.

II.—PRACTICAL METHODS OF PREVENTION.—(*Contd.*)

B. FOR MEN :

Marriage cannot be made safe, of course, so long as men are permitted to contract venereal diseases, and spread them. Early marriage will greatly lessen the chances of this; tolerated houses under *effective* medical supervision (such as we had in Paris during the War)* would enormously lessen the chances of infection, even where marriage was delayed or interrupted; pro-

* The following is taken from a paper read by Captain H. L. Walker, Canadian Medical Service, O.C. Report Centre (British), Paris, at Conference on V.D., organised by the American Red Cross in April, 1918:—

“Speaking in regard to licensed houses, Captain Walker said that he had not found one case of venereal disease contracted in a licensed house in the City of Paris, and he could only suppose that the people who were responsible for putting the licensed houses in Paris out of bounds knew nothing at all about the real facts of the case. . . In the licensed houses in the City of Paris, during the year 1917, only five cases of venereal disease were contracted; and in 1918, up to April 20th (the day he was speaking), there had not been one case of venereal disease contracted in a licensed house in the City of Paris. But out of 200 women arrested on the streets of Paris during the month of April, over twenty-five per cent. were found to be infected with venereal disease. In the months of November and December, 1917, the French authorities had made a round-up on one boulevard of seventy-one women, of whom fifty-five were infected with venereal disease; a few days later the French authorities repeated the same procedure on another boulevard; something like one hundred women were arrested, and ninety-one per cent. were infected with venereal disease.”—p. 134, *Public Health* (England), September, 1918.

See also footnote on p. 58.—E. A. R.

phylactic depots where disinfection was properly applied, *and efficiently taught on request*, would be invaluable; but it is at present from self-disinfection, properly understood and efficiently applied, that the community can hope for the greatest and most immediate gain in sexual cleanliness.* The following were the directions I gave the Anzacs during the war, distributing these with prophylactics for men and for women (the directions for women being printed in French and English); this action was endorsed by all the leading British, American and French military and medical authorities, from the Commanders-in-Chief downwards, and the effort undoubtedly saved many thousands of men from damage and ruin:—

“AVOID INFECTION.

“If you become infected with V.D., the fault is really your own. Either do not risk infection at all, or, risking infection, take proper precautions. These are quite simple. If you take the following

* Among the first medical men in Great Britain to recognise the importance and effectiveness of self-disinfection was Mr. Frank Kidd, M.A., M.Ch. (Camb.), F.R.C.S. (Eng.), etc., of the London Hospital. A full statement of his evidence before the Royal Commission on Venereal Diseases is given in Mr. Kidd's book, “Common Diseases of the Male Urethra” (published by Longmans, Green and Co., 39, Paternoster Row, London, etc., in 1917). The diagram of male organs of generation I have used on page 36 was taken in outline from Mr. Kidd's frontispiece, and during the war I found all the illustrations he gave most helpful with the soldiers, although the book itself was written for the purpose of enabling doctors in outlying districts to treat patients on modern lines with success. Mr. Kidd designed prophylactic tubes, which have been sold in England on his order for more than fifteen years. He tells me they have been used all over the world by his patients, and that as far as he can ascertain “*they have never failed, when used properly and intelligently.*”—E. A. R.

precautions *without delay* you are very very unlikely to contract disease :—

1. Use vaseline or some other grease (such as calomel ointment) *beforehand*, to prevent direct contact with the source of infection.*

(* Note: Any personal discomfort or unpleasantness grease causes is counteracted by the woman's having douched beforehand, as should always be done for the sake of cleanliness. A mere film of grease is sufficient to fill up pores of the skin, cover over abrasions, and prevent penetration of microbes, and it greatly facilitates subsequent cleansing.)

2. Urinate *immediately* after *each* connection to wash away all infective material, and to prevent the invasion of the urethra by the microbes of V.D.

3. Wash thoroughly with soap and water, because ordinary soap is destructive to germs—of syphilis and of gonorrhœa—and bathe parts with weak solution of pot. permang.

You had far better carry a blue-light outfit with you as a "town dressing," in the same way as you would carry a "field dressing." If you cannot get an outfit, carry a tiny bottle of pot. permang. lotion and a scrap of cotton wool. If you swob yourself *carefully* with this, you will not become diseased. Remember *always it is delay that is dangerous*. If there has been delay, use a syringe sufficiently large for the contents to flood the urethra and slightly distend it, so that every nook and cranny is cleansed.

Whatever you do, make certain of *going home clean*. Be sure of your health and doubly sure before you embark. While you are in the army and on this side of the world you can be cured easily and privately. If you go home infected, there will be embarrassment and expense to yourself and *great danger* to the women and children you love.

Get cured NOW! (Paris, April, 1919).*

It was clearly proved that so long as men took these simple precautions (which I always explained *personally*) they were very unlikely to contract disease; most cases of disease came from multiple

* Since this was written, a large number of experiments have been made with the single treatment tube, containing an ointment destructive of all forms of venereal disease microbes, whether used before or after connection. We are now within measurable distance of finding a solution of this problem—the production of a cheap, portable, easily applied and thoroughly efficient self-disinfecting ointment destructive of all forms of venereal disease microbes.—E. A. R.

connections with the women of the cafes, etc. It was difficult to impress on ordinary men's minds the fact that *each and every connection was a danger*; that the danger of infection began immediately there was any contact, and that it continued until disinfection, and was renewed as well with each fresh connection during the night. If the danger had continued for several hours in this way, the men were told to go to the medical depot or report to a doctor as soon as possible. When they did so they were saved from disease in the vast majority of cases, even up to twenty-four hours afterwards or a little longer.*

* In 1915-1916 Colonel Sir James Barrett, then A.D.M.S. of the Australian Force in Egypt, had successfully applied prophylaxis, but unfortunately he was invalided for a time to England in November, 1916, and with the evacuation of the Dardanelles there was a severe outbreak of v.d. in Egypt. Prophylaxis was then steadily applied during 1917 by Colonel Sir James Barrett and others, and at the end of 1917 v.d. had been reduced to small proportions. In December, 1917, Colonel P. G. Elgood, Base Commandant of Port Said, wrote:—

"Fortunately, however, at this stage, I came into contact with Colonel Sir James Barrett, K.B.E., R.A.M.C., and Miss E. Rout, New Zealand Volunteer Sisterhood. The first suggested that the solution of the problem would not be found in police measures or in medical examination, but in prophylaxis; while the second, in correspondence relating to her own experiences gained in England, encouraged me to advocate this remedy."

The successful results of the Port Said efforts are quoted in full by Colonel Sir James Barrett in his book, "A Vision of the Possible" (Lewis), and Colonel Barrett had early in 1917 sent me to London the following tremendously valuable letter of advice and warning:—

"I suppose my instinct is rather more in the moral direction than many people, but I recognise, as you will see from these articles (published by *Lancet*), that it is by direct prophylaxis, and direct prophylaxis alone that we are likely to get rid of this abomination. I should never in any campaign exclude all the additional aids—proper soldiers' clubs, such as I have established in Egypt, the influ-

Nevertheless, the people who would put sacerdotalism before science, and the still meaner minds who would substitute legality for morality, raised storms of objection to my work, in the midst of which came a few strong, clear calls of understanding and encouragement.

One Scotch padre wrote me in 1918 :—

“It is a magnificent adventure for a woman to go practically alone on the very edge of things, and I salute you, and congratulate you, and wish you *God-speed*.”

An old family doctor, then with a colonial ambulance, wrote :—

“Many women . . . will owe their health and happiness to you, and not a few will be indebted to you for their lives.”

The editor of the *Sydney Bulletin* (Australia) was continually publishing helpful articles and paragraphs—after my letters and articles were censored ;† and from Dr. W. H. Symes, of

ence of decent women, and the one hundred and one factors that go to make a decent and reputable life ; but you have, in the long run, to recognise the fact that a percentage of men are certain to seek women who are prepared to cater for them. If the steps indicated are taken, the proof is absolute that the disease can be practically extirpated and without great difficulty. The failure of prophylaxis depends on two factors—firstly, it requires someone charged with responsibility, earnestness and high character to explain to men precisely what they are doing and what it means ; and secondly, prophylaxis is of very little use to drunken men. My experience has been that when these precautions are properly used venereal disease may disappear.”

That proved to be exactly my own experience in the army. Failures in the army were due to the absence of proper personal instruction of the men and the laxity of control, and these conditions can always be assumed to exist in any army having a high v.d. infection rate.—E. A. R.

† The *New Zealand Times* daily newspaper published my first article and was severely reprimanded by the New Zealand Government for doing so, and all New Zealand newspapers were then prohibited from publishing any further articles relating to V.D. in the New Zealand Forces.—E. A. R.

Christchurch, New Zealand, I heard by personal correspondence steadily and wisely all through the war. Much later came the following tribute, in a most valuable book written by Sir Archdall Reid and Sir Bryan Donkin ("Prevention of Venereal Disease," published by William Heinemann (Medical Books) Limited)* :—

"Sir Bryan Donkin's letter, which appeared in *The Times*, in January, 1917, and other communications which he published as opportunity offered, brought him an introduction from Sir J. W. Barrett, M.D., then serving as A.D.M.S. with the Australian Force in Egypt, to Miss Ettie Rout, who, by profession a journalist, had come with the Australian and New Zealand Forces with the object of ameliorating, as far as possible, the hardships of war. She had been horrified by the pestilence of venereal disease which broke out among the troops in Egypt, England, and elsewhere, and, with extraordinary resolution and courage, had embarked almost single-handed on a campaign of prevention. She furnished Sir Bryan, and later myself also, with much valuable information, and for her own part fought the battle most strenuously—living among the men, lecturing, finding and instructing lecturers, providing disinfectants, importuning authorities, writing most trenchant letters, establishing medical clubs in England and France, and the like. I think that when the names of those who opposed her are forgotten, the memory of this brave lady will still be green among the descendants of the valiant men for whose welfare she struggled"—p. 176-177

ALCOHOLISM.

It should be noted here that another great difficulty we had was to make men *beware of the dangers of drink*. A man who is in liquor is much more liable to contract venereal disease than a man who is sober. Alcohol increases sexual desire, lessens sexual ability, and lowers the sense of responsibility. Hence, drunkenness, immorality and disease go hand in hand: a

* See Publishers' notice, p. 79.

dreadful three. But more than this. The drunken man takes much longer over the sex-act, thereby prolonging the risk of disease, and he runs risks which he would rule out instantly if the fumes of alcohol had not changed the tawdry girl into the glittering fairy. Worse than all, he neglects to apply disinfection properly and *promptly*—he falls asleep or forgets all about it till *too late*. Men who are determined to have a “night out” should use calomel ointment (or some other substitute) *before they start*; and if they have been in liquor they should disinfect instantly when they recover their sober senses. Generally speaking, *an ounce of calomel is worth a ton of salvarsan*.

As with young men, so with young girls: a few glasses of wine taken at a supper or a dance—and the first downward step is taken, not because any wrong was intended, but the simple actualities of sex were unknown, and the stimulant took advantage of the ignorance that is miscalled innocence. This kind of thing will continue till the older generation realise that morality depends—not on the maintenance of ignorance and the fear of disease, but on the spread of knowledge and the promotion of virtue.

It is not morality, but caution, that is developed by fear, and in this case caution is counteracted by the practical experience that many men are immoral without becoming diseased. One man commits many immoral acts and suffers not at all; another man becomes

syphilitic by yielding for the very first time ; the penalty is purely fortuitous. There is no necessary connection at all between immorality and disease. The dangers of sexual intercourse are due to dirt and promiscuity rather than to immorality, and in part to the physical conformation of the individual. Virtue has far deeper and more substantial foundations than the mere gusts of fear. It is founded on necessary and responsible guardianship of the very gates of life.

NOTE *re* TOLERATED HOUSES.—In 1918 and 1919 I supervised voluntarily a selected tolerated house in Paris, and had no cases of disease either among the women or the men. The women attended from 2 p.m. to midnight, and resided in their own homes. The following certificate was sent to me recently by the medical officer in whose care this house was :—

“I, the undersigned, a doctor of medicine, specialising in venereal diseases, late house surgeon of the St. Louis Hospital at Paris, certify that during the years 1918 and 1919 I was in constant official and military communication with Miss Ettie A. Rout.

“Miss Ettie Rout during the war was a real guardian angel of the Anzacs. Her devotion to them was admirable, and she worked her very hardest to give them during their leave the comfort, happiness and amusement that other soldiers obtained at home. From the point of view of Prevention of Venereal Disease, Miss E. A. Rout has done wonders. She was the first to organise a permanent service of Prevention of Venereal Disease at Paris, and the French and American services, which were started later, owed very much to her great experience. For a year she controlled a tolerated house, and during this period there was no venereal disease either amongst the women or the soldiers who frequented it.

“In other respects at Paris, tolerated houses are very carefully inspected by specialists, and it is very rarely that visitors contract venereal disease, for the women are very clean and regularly visited.

“I am delighted to be able to acknowledge the extraordinary devotion and keen insight which Miss E. A. Rout has displayed during her visit to Paris during the war, for by her care she has saved her country many thousands of sick men and blighted children.”

(Signed by DR. J. TISSOT, on 12th September, 1922.)

III.—MEDICAL FORMULÆ.

The medical formulæ for venereal disease preventive ointments for men, and venereal disease preventive suppositories and ointments for women, should be decided upon, after thorough investigation and test, by the Departments of Public Health, and none other should be permitted to be sold.* Printed directions should be issued, duly authorised by the Departments of Public Health, and no other directions should be supplied to the public with the venereal disease preventives. In these respects, to the best of my belief, the Division of Venereal Diseases of the Pennsylvania Department of Health, co-operating with the United States Public Health Service, will play the leading part; is, indeed, already doing so. Under the direction of Dr. Edward Martin, Commissioner of Health, and Dr. S. Leon Gans, Director, Division of Venereal Diseases, specimen tubes are tested and approved (with directions and other printed matter)† by the Health

* See Appendix II.

† In some cases the printed matter used by the drug companies also bears the "*Official Endorsement*" of the local "*Social Purity Association*" stamped upon it in indelible ink—a magnificent tribute to the educative work of the Public Health Department, as well as to the enlightened courage of the Social Purity Associations.

The following is quoted as sample of directions authorised in U.S.A. :—

"The use of this package is not to be construed as a licence to

Laboratories of the Department ; and certificates are issued to manufacturing chemists authorising the manufacture of ointments made in accordance with approved formulæ. Requests are made officially by the Department to retail chemists and druggists to sell, and to medical practitioners to recommend, suitable venereal disease preventives to the general public in a proper manner. In time it will probably be found advisable to authorise only a standard type of tube—preferably the metal tube with elongated nozzle and expanded metal cap—filled with one simple self-disinfecting ointment.

It has been found that the 30 per cent. to 33 exposure. *The only sure way to prevent infection: Do not expose yourself.* All exposures should be considered as infections, for 90 per cent of all "easy women" are infected. By proper use of the contents of this package disease may be prevented, as the action upon the germs is as effective as can be secured by the latest scientific knowledge; if exposed, *use within two hours.* After contact: 1st. Urinate. 2nd. Remove the cap from tube; take organ in the hand, holding the canal open; insert tip of the tube and squeeze half of the contents into the canal. 3rd. Squeeze the remainder on the outside of the organ, rubbing well into the creases and folds under and back of head and clear to the body. 4th. Leave ointment on three or four hours. Remember: It is best to use immediately after exposure; never delay more than two hours if possible.

The following proprietary tubes of self-disinfecting ointment have, to my knowledge, been authorised by the Department of Health, and samples were sent to me:—

Procaline, manufactured by the Hawthorne Drug Speciality Co., Inc., 88-90, Reade Street, New York City.

Cargentos, manufactured by H. K. Mulford Company, Philadelphia.

Andron, manufactured by Andron Hygienic Co., 120, W. 32nd St., New York City.

Sanitube, manufactured by the Sanitube Co., Newport, R.I., U.S.A.

Excellent printed directions and pamphlets accompany these tubes. Sailors passing through the Panama Canal are now given leaflets regarding dangers of venereal disease.—E. A. R.

per cent. calomel ointments (and suppositories) are not suitable in all cases; and careful investigations are being made to ascertain the best germicide to use. Whatever is used must be non-irritating, odourless, stainless, and yet strongly antiseptic. It is possible, I think, that *chinosol** best fulfils the required conditions. It was first suggested by Surgeon-Commander Hamilton Boyden, R.N., of the Whale Island Gunnery School, England, who was led to choose it because of its known usefulness in ophthalmic work. It does not matter to the general public what drug is finally selected; all that matters is that it should be of proven value for the purposes required. Women can help forward this great work by deciding in their own mind: (1) That the medical prevention of venereal disease is right and wise; and (2) That the authorisation by the Public Health Departments of efficient means of preventing venereal disease will consequently have their support.

We must all of us first learn to separate the moral from the medical campaign. Both are necessary, but they must be conducted independently. America is doing this; England is not. In England venereal disease is still officially regarded as something to be discussed; in America—as something to be destroyed. Thus

* *Chinosol* ($C_9H_6NKSO_4$), potassium oxyquinol in sulphonate, is a proprietary disinfectant and deodoriser. After some little experience of it in ointments and suppositories, I believe it deodorises these—an important advantage. But further investigation is necessary.—E. A. R.

America is winning and England losing the battle against the venereal microbe. The Overseas British Dominions will undoubtedly follow the lead of America—particularly that of Pennsylvania. Hence, these newer countries may have a glorious future, England—only a splendid past.*

* In England the Ministry of Health refuses to authorise the sale of v.d. preventives; refuses to authorise suitable printed directions; recommends immediate and thorough cleansing but refuses to explain methods or name disinfectants; and claims that persons who sell v.d. preventives as such, with directions, are liable to police prosecution and imprisonment. (*Vide Circular 202, Ministry of Health, May 31st, 1921.*) When men are in the Army and the Navy they are, of course, issued with prophylactic tubes and printed directions as a means of maintaining their health. The War Office and the Admiralty are concerned only with the maintenance of the health and efficiency of the Army and Navy, regardless of whether the men are wounded by Mars or wounded by Venus. It is only for civilians that the prophylactic tube is alleged to be a device for enabling men to be immoral without suffering for it! This may be mere "politics," but it looks uncommonly like fooling with death.—E. A. R.

NOTE.—On May 7th, 1923, the *London Times* published the following report:—

"It is understood that Lord Trevethin's Committee on the prevention of venereal diseases has reached a unanimous finding. The Committee is of opinion that the preventive drugs which have been recommended by medical authorities are to be relied upon if used in a proper manner. Further, they do not see why there should exist any restriction to the purchase of these by the public.

"A final suggestion is that the Medical Research Council might be asked to investigate the preventives from the pharmacological point of view and so ensure that they will be of the requisite character. It is not proposed that any Government action should be taken to acquaint the public with the means of prevention, by advertisement or any other way."

IV.—COMPULSORY TREATMENT.

All women should be in favour of reasonable measures for ensuring the voluntary, and failing that the compulsory, treatment of venereal disease among men and among women.* It is troublesome to prevent a man getting disease if he is running into a pool of infection, and such cesspools should be cleaned up or cleared out of the community—*i.e.*, cured or quarantined. Similarly, it is even more troublesome to prevent a woman becoming infected if she is having relationship with an active gonorrhœic or syphilitic man, and such men should be treated voluntarily, or compulsorily if they refuse or neglect voluntary treatment. Free treatment should be available to poor persons only; providing free treatment for all and sundry, whether they can afford to pay for it or not, is simply encouraging men and women to trust to luck rather than to disinfection. This presupposes that the teaching of self-disinfection has been done confidently and authoritatively. When prevention has been properly taught, then it is fair to penalise those who wilfully neglect to take precautions. It was a great misfortune to the Anglo-Saxons when the Contagious Diseases Acts were abolished; instead they should have been improved

* The argument that compulsory treatment would "drive the disease underground" is absurd. Venereal disease is underground now.—E. A. R.

and extended to both sexes. Their abolition was the worst blow ever struck at marriage. Fortunately, their main principles we are now beginning to re-enact in various Sexual Hygiene Acts. The more "drastic"—*i.e.*, the more efficient—these are, the more they should be supported by those who honestly desire to *make marriage safe*.

Apart from voluntary and compulsory treatment for venereal diseases, and the segregation of persons dangerous to the community, we certainly need voluntary and compulsory sterilisation of the unfit—diseased and feeble-minded and otherwise unfit persons, who, whatever their other qualifications may be, are unsuitable as parents. But whatever operation is decided upon, for men and for women, must in no way interfere with ordinary sexual activity; otherwise it will be promptly turned down by the general public, no matter what its medical advocates may say. In marriage the partner to be sterilised is obviously the one who is unfit for parenthood.*

* Towards the end of 1921, extraordinary interest was aroused throughout the United States by a decision of Judge Royal Graham, of the Children's Court of Denver. He had ordered Mrs. Clyde Cassidente to submit to an operation to make further motherhood impossible, because of the under-nourishment of her five children and the habitual insanitary condition of her home. This was the first time any American court had imposed such conditions. Judge Graham could not legally compel the mother to agree to the operation, but he told her that if she refused he would commit all her children to a home. She then agreed. Judge Graham was much influenced by the testimony of Dr. Sunderland, who described the progressive insanitary environment as more children came, and declared that in his opinion the home condition was not due to poverty but to too frequent child-bearing.

In the February, 1922, issue of *The Birth Control Review* (New York) edited by Mrs. Margaret Sanger, the Medical Officer of a London Welfare Centre (Dr. Norman Haire, M.B., Ch.M.) definitely advocates contraception and sterilisation as a result of his experiences in a very poor part of London. Medical officers of many welfare centres now hold similar views. In *The New Generation*, the official organ of the Malthusian League, Dr. Barbara Crawford, M.B.E., M.B., Ch.B., strongly urges birth-control, and says:—

“I would go further and say that all those with incurable transmissible disease, all addicted to drugs or alcohol in excess, those habitually criminal or vicious, and the mentally defective, should be rendered sterile by operation, for such as these cannot or will not use control, and their children tend to inherit their parents’ taint and to lead maimed and vicious lives.”—Vol. I, No. 4, p. 3, *The New Generation*.

On Oct. 14th, 1922, *The Morning Post* (London) published the following report:—

“Mr. Justice Roche made the somewhat remarkable suggestion at the Old Bailey yesterday that the question of sterilising certain persons should be seriously considered in the interests of the country’s moral welfare.

“Before the Judge was Edmund Seymour, aged twenty-seven, the tailor who attacked Mrs. Adeline Bles, a Belgian citizen, in Hyde Park, cutting her across the eye with a sharp implement, and afterwards ran away, chased by a constable, whom he also wounded. He was sentenced to three years penal servitude.

“‘In my judgment,’ said his Lordship, in passing sentence, ‘the medical profession of this country would be performing a public service if they studied earnestly the question of the feasibility of sterilising both men and women with tendencies such as this man has. To allow them to produce is breeding from the worst of all stock and propagating disease and crime.

“‘I am expressing no opinion as to whether it is feasible or whether Parliament should pass such a measure. It would depend on the examination by skilled persons as to the feasibility of it and the risks attending.’”—E. A. R.

V. CONCLUSION.

With the moral and social aspects of birth-control there is no need to deal further, except to say that they have recently been endorsed in England, with fine grace and high authority, by Lord Dawson of Penn (one of the King's Physicians), in an address given before the Church Congress at Birmingham, on October 12th, 1921, which has since been republished by Messrs. Nisbet at a shilling, under the title of "Love—Marriage—Birth-Control." The following short extract may be quoted here :—

"Generally speaking," says Lord Dawson, "birth-control before the first child is inadvisable. On the other hand, the justifiable use of birth-control would seem to be to limit the number of children when such is desirable, and to spread out their arrival in such a way as to serve their true interests and those of their home."

As to the prevention of venereal disease, as I have said, what we must aim at is not merely the prevention of sin, but the prevention of the poisoning of the sinner; for, if not, we shall have blind babies, invalid wives, and ruined husbands: broken-hearted and broken-bodied mothers adding one fragment after another to the Nation's pile of damaged goods.

To the great-hearted public this is becoming intolerable. But they know so little, and they wait so long for what the wise ones fear to tell. Not all these fears are sordid; there is a kind and gracious reluctance to shatter ideals. It is hard at times to combine beauty and duty. The

way of the truth-teller is not made easier by charges of iconoclasm. "To know all is to forgive all"; that is not paganism but Christianity. So also, "Let him that is without sin cast the first stone." "To err is human: to forgive divine." Humanity, wisdom, tolerance, are wrapped up in these sayings. Yet when we think, as think at times we must, of the romantic faith that once was ours, contrasted with the realities of present experience, sex seems to have lost something of its soul of loveliness. And yet—can it ever regain this till men and women are at least *clean*?

If not—if the immoral man cannot be made better but rather worse, much worse, by needlessly poisoning him with syphilis, then clearly the ideals of beauty and duty demand that we should apply effective sexual sanitation to the Nation until such time as we are all, every one of us, free from venereal disease. That time is not yet—and this is the essence of the whole problem. But victory is within sight. When it comes—then, and not till then—sex will regain its soul of loveliness. To this end—

"Let knowledge grow from more to more,
But more of reverence in us dwell,
That mind and soul, according well,
May make one music as before,
But vaster."Tennyson.

NOTE.

The Author will reply personally to any serious question concerning the subject matter of this book, provided stamped and addressed envelope is sent to her, c/o the Publishers.

APPENDIX I.

OTHER METHODS OF CONTRACEPTION.

1. *Withdrawal*.—Immediately before emission the male organ is quickly withdrawn, to avoid emission of seminal fluid in the vagina. Many men and women feel this to be unromantic and nerve-racking, and otherwise objectionable. The method is quite commonly practised, but it is unreliable in multiple connections, and where the man has not complete control over himself. It leaves the woman at the mercy of the man for protection against impregnation, whereas every woman should take care of herself.

2. *Sheath or Condom* ("French Letter").—This prevents both conception and infection (excepting in parts not covered by the sheath), but sheaths are apt to break, and sometimes a man infects himself whilst removing the sheath. Sheaths impose an impermeable medium between husband and wife, destroy contact, and may thereby prevent the joy of sexual intercourse. In some cases both husband and wife become nervous wrecks, recovering their health when the sheaths are discarded; in other cases it is claimed that no harm has resulted.

3. *Antiseptic Syringing*.—This is generally successful, but not entirely reliable by itself, because seminal fluid may enter the womb during connection or may not be completely removed by syringing. This method is unreliable unless applied *immediately* after each connection, and syringing at that time is inconvenient and unromantic, and liable to be ineffective unless very thorough.

4. *Donche Can*.—This is better than syringing in many ways, because the irrigation can be so arranged as to let the lotion flow into the vagina faster than it can flow out—hence distension of walls of vagina and thorough cleansing. But the arrangement of a runaway for outflowing lotion is inconvenient in most households.

5. *Quinine Suppositories, etc.*—By themselves these are unreliable, no matter what the makers claim on the label. There is usually not enough quinine in them; or if there is enough, it proves irritating. Several kinds of gelatine and glycerine suppositories are now on sale in many shops. Some of these are chemically or mechanically effective within limits, but they are apt to be sticky and sloppy.

6. *Solid-Ring Check or Cap Pessaries*.—These are reliable only when carefully adjusted over the mouth of the womb, and many women find it very difficult to adjust this kind of pessary correctly. The "cap" is apt to slip off during intercourse; hence numbers of failures.

7. *Vaseline and Soap-and-Water*.—Using vaseline beforehand, and urinating and using soap-and-water *immediately* after *each* connection, is a fairly safe way of avoiding conception and infection. But the vaseline needs to be inserted fairly high up—if possible over the mouth of the womb, and the subsequent washing needs to be very thoroughly done (internally and externally). This method is commonly used by Continental women, but it is not entirely reliable by itself.

8. *Gold Spring Check Pessary*.—This is an instrument, the arms of which spread out inside the womb, and the gold spring keeps the mouth of the womb open, thus facilitating infection and conception. It is claimed as a “preventive”; it is really an abortifacient, and cannot be too strongly condemned, as causing septic miscarriage (authentic records of this are available). A woman can neither insert nor remove this instrument herself.

9. *Safe Period*.—It is often supposed that sexual intercourse midway between the menses is unlikely to result in pregnancy. There is no such “safe period.”

NOTE.—The method of “self-control” is not referred to here, because one marital relationship per annum might lead to an annual child. In the matter of limitation of offspring, therefore, “self-control” has no value. Total sexual abstinence is impracticable or undesirable, or both, for normal men and women.

APPENDIX II.

MEDICAL SUPPLIES.

SPEAKING generally, the sexual toilet articles mentioned in this book can be obtained from ordinary chemists and druggists. Readers who experience any difficulty are at liberty to write to me, enclosing stamped and addressed envelope, c/o my publishers. The name and address of a suitable shop will then be supplied. The following hints may be useful:—

1. *Suppositories*.—Cocoa-butter suppositories are better than gelatine suppositories; the latter are apt to become dirty and even dangerous; they are always sticky and messy things to use.* The film of cocoa-butter is a better protection against impregnation and disease. For hot climates an effervescent tablet is best. (See report given below.)

* The fundamental principle is that vegetable or mineral substances should be used for the base: not animal substances, such as gelatine—on which various growths are apt to form if the gelatine suppositories are left exposed to the atmosphere.—E. A. R.

2. *Prophylactic Tubes*.—It is an offence against the present law of England to ask for these specifically as “*V.D. Preventives*.” The shopkeeper should be asked for “*Chinosol Calomel Cream*” (made in accordance with prescription given below). This ointment is destructive of *all* forms of venereal disease. Simple calomel ointment is destructive *only* of the germs of syphilis if it is used *afterwards only*; if used *beforehand* the grease is a mechanical protection against all forms of v.d.; thus the safest protection is to use the ointment both before and after, and *Chinosol Calomel Cream* gives the *best known protection* for men; and *Chinosol Calomel Suppositories* the best known protection for women.

A GOVERNMENT ANALYST'S REPORT.

I have received the following letter from a highly qualified medical practitioner, who is now a Government Analyst:—

“Having read with great profit and interest your book, **SAFE MARRIAGE**—an invaluable addition to the now rapidly increasing works on this vital problem—I am taking the liberty of writing to you, as a medical man, for information as to the best prescription for prophylactic suppositories. I am desirous of making all headway in the propagation of this information, and local difficulties as regards the above are great, my own analyses of many brands being sufficient to convince me of their fraudulent nature.”

A MANUFACTURING CHEMIST'S REPLY.

This letter I submitted to Mr. Harman Freese, manufacturing chemist, of 59, Bermondsey Street, London, S.E. 1, for comment, and have his reply as follows:—

“I think the following information with regard to the various Calomel Ointments I have made for prophylactic purposes will furnish the particulars you require:—

1. *As Supplied to the Canadians*:—

Calomel 20 per cent., Camphor 3 per cent., Phenol 1 per cent., Paraffin Molle Alb. 25³/₄ per cent., Ung. Paraffinum Alb. 50⁶/₆₆ per cent.

After a short experience they eliminated the Camphor and Phenol, because they had complaints of the irritation, and at a later period increased the Calomel to 30 per cent. We had no complaints whatever with regard to the stability of this ointment, and were informed that it was in every way satisfactory.

2. (a) *American Forces*: The next we supplied was to the American Forces, the formula being as follows:—

Calomel 30 per cent., Phenol 3 per cent., Camphor 2 per cent., Adeps Benz. 50 per cent., Adeps Lanæ Hyd. 15 per cent.

From our point of view, this was a most unsatisfactory formula, as, owing to the softness of the base and the quantity of fluid, the Calomel settled, and we had a great deal of difficulty in securing even distribution. It was supplied in the winter, and we eventually

managed to obtain a presentable preparation. Had it been in the summer time, however, it would have been impossible to have kept the Calomel properly suspended. Also in this connection it must not be overlooked that the ointment was supplied in war time, when Adeps Benz. of the best quality was not obtainable. I have not made any trials since, as I consider this formula obsolete, and therefore have not troubled further.

- (b) The second formula supplied to the American Forces was:—
Calomel 30 per cent., Camphor 3 per cent., Phenol 1·5 per cent., Adeps Lanæ Hyd. 16·375 per cent., Paraffinum Molle Alb. 49·125 per cent.

3. (a) *Australians*: The first ointment supplied to them was the same as the second formula supplied to the American Forces.

- (b) Later, for a short time, they used the following:—
Calomel 32 per cent., Thymol 2·5 per cent., Adeps Lanæ Hyd. 16·375 per cent., Paraffinum Molle Alb. 49·125 per cent.

(c) And finally they eliminated the Thymol, using the following formula:—

Calomel 32 per cent., Adeps Lanæ Hyd. 17·625 per cent.,
Paraffinum Molle Alb. 50·375 per cent.

4. *British*: This contained originally about 30 per cent. Calomel and 2½ per cent. Thymol in a Paraffin and Lanoline base, but I understand they have now eliminated the Thymol, as being highly irritating in this proportion.

In making these ointments it has been necessary to give them a very thorough mixing, and mill them into a cold state, as otherwise there was always a risk of a settlement of Calomel on account of its weight.

5. *Surgeon-Commander Boyden's Formula*: With regard to the formula of Surgeon-Commander Boyden, R.N.: This comprises 10 per cent. Calomel and one-fifth per cent. Chinosol in a Lanoline Paraffin base.

In a paper contributed to the Brussels Conference of the Royal Institute of Public Health, May, 1920, Surgeon-Commander P. Hamilton Boyden, M.D., R.N., said:—

'After personal trial of various antiseptics, the following formulæ were found to fulfil the object in view:—

Calomel Cream.

Calomel ½ oz., Adeps Lanæ Hyd. 9 oz., Paraffinum Molle Flav. 4 oz., Paraffinum Liquidum 1½ oz.

The above formula was used as the base in the following:—

Solution of Chinosol 2 per cent.—100 minims. Calomel Cream 2 oz. 40 grains.'

(See pages 432-440, 'Prevention of Venereal Disease,' by Sir Archdall Reid.)

Suppositories: The contraceptive pessaries contain 3 per cent. Calomel and one-fifth per cent. Chinosol in a Lanoline cocoa-butter base. These are readily soluble at body temperature, and the Chinosol is an active contraceptive and germicide. It has the advantage of being non-irritating, stainless, odorless, and antiseptic, and it is to some extent a deodoriser of the cocoa-butter.

These pessaries in the usual base are not suitable for a hot climate, and in such cases we add Beeswax in place of the Lanoline, according to the temperature to be expected where they are to be used.

Note: For some time past I have been experimenting on an effervescing tablet without fats, and have succeeded in producing a tablet that dissolves into a foam, the contraceptive being Chinosol and Calomel. These tablets have a very great advantage over the pessary made with fats. They are more cleanly to use, are absolutely odorless, and have the advantage that temperature by itself will not affect them. The only requirement is that they should be kept in the air-tight container in which they are packed. We are hoping to use this base for other medications for uterine troubles."*

Further research and experiment is required along the lines indicated here and in *Addition to Foreword* of this book, and if any of those making investigations would be good enough to report their results to me, these could be included in the next edition of this book.

APPENDIX III.

REPLIES TO QUESTIONS.

REPLIES to questions asked in accordance with Notes on pages 50 and 67 have always been made personally by me, but so many women have asked questions of general interest in regard to the following matters, that this Appendix has been added to the Second Edition of SAFE MARRIAGE:—

I. *Hymen*.—The hymen is a thin fold of mucous membrane stretched across the lower part of the orifice of the vagina. Sometimes it is quite complete, but generally it is perforated by a round opening in the centre. It may be entirely absent; and it may be present even after intercourse. It is not, therefore, a reliable test of virginity. If the hymen is present, it is not possible to fit a

* A German preparation has been in use for many years, called *Semori*—an effervescent tablet, claimed to be a safe contraceptive suitable for all climates, including the tropics. Details as to this, and as to the composition of Mr. Freese's tablet are available confidentially to medical practitioners on application to me.—E. A. R.

rubber pessary before marriage, excepting permission is given to the doctor to rupture the hymen surgically. Medical practitioners sometimes advise this, to avoid needless pain and distress on the bridal night. This is a matter for the bride and bridegroom to decide for themselves, preferably with the advice and help of a suitable and sympathetic medical practitioner. If the hymen is unruptured before the wedding, a little vaseline or other emolient should be used, and the bridegroom should take infinite care not to hurt or shock his bride by forcible, hurried, or over-frequent entry on the very night both lovers should look back upon as one of consummate happiness. Such divine memories are impossible if the physical side of marriage has been over-stressed on the first wedding night of the pair.

2. *Necessity of Intercourse*.—Sexual intercourse is necessary for the existence of the race, just as food is necessary for the existence of the individual. With rare exceptions, men need women and women need men sexually if they are to be happy and healthy. The frequency of intercourse is a matter of mutual feeling between the pair. Usually in settled married life (apart from the honeymoon) marital intercourse two or three times a week is regarded as most satisfactory.

3. *Mutual Joy*.—Married women should certainly experience joy in sexual intercourse. The wife's failure to do so is often the fault of the husband. He experiences the sexual orgasm so quickly that his wife has not the time to derive any satisfaction from the intercourse. Unless she does so, intercourse soon becomes to the wife entirely uninteresting or even intensely disagreeable, whereas it should be the acme of joy for both husband and wife.

4. *Pregnancy*.—Most women who love their husbands passionately do desire intercourse during the earlier months of pregnancy at any rate. This is a question which must be settled by mutual desire and mutual consideration, but a doctor's advice is often really helpful in many ways. The more frankly men and women consult their doctors in regard to their marital life the more happiness they are likely to achieve.

5. *Continuous Passion*.—Passionate love may certainly be experienced by middle-aged and elderly men and women. The capacity for love is co-existent with life; and the ability certainly continues in old age in normal men and women, although virility is naturally more abundant in early life.

6. *Menopause*.—Pregnancy may occur after the menopause, but it is not usual. Sexual desire certainly continues long after the menopause in many cases.

7. *Reciprocity*.—The duties and pleasures of marital intercourse are reciprocal. Women, more than men, tend to be indolent and inattentive in sexual matters—even tacitly hostile. Men tend to over-stress the physical side of love. A clearer knowledge of the

wonder and beauty of Sex would lead both parties to strive to give as well as to take the utmost happiness. But no matter how clear our knowledge, how deep our feeling may seem, the Great Problems of Sex will always wait outside—too big for our understanding.

8. *Age of Venereal Disease.*—The venereal diseases are all probably very ancient, although syphilis is said by many authorities to have been introduced into Europe by Columbus's sailors in the 15th century. Others contend, *e.g.*, that Delilah gave Samson syphilis, the infection really accounting for his loss of hair, and his partial recovery accounting for his return of strength. A Reuter cablegram from Luxor, of Saturday, January 27th, 1923, published in *The Sunday Times* of January 28th, referring to the work of Mr. Herbert Winlock and his associates of the Metropolitan Museum of Art in the discovery of the plundered tomb of Mentuhotep the Fifth, says:—

“The marvellously preserved body of a princess of the Court of Mentuhotep the Third, adorned only with tattoo marks, who, the medical scientists declare, *succumbed to a social disease prevalent to this day*, was also found.”

It is significant that *The Observer*, published in London on the same Sunday (January 28th), gives this Reuter telegram almost word for word, but—*omits the paragraph quoted above!!* Thus “history” is made. History says that Ancient Civilisations perished because of “immorality.” Even though at present we can see Truth only through a glass and darkly, we are beginning to realise that other nations went under before the same dangers as now threaten to engulf the British Nations—namely, the dangers of the *preventible* diseases of syphilis and gonorrhœa and of the fertility of the unfit.

9. *Purpose of Marriage.*—The purpose of human marriage as distinguished from the sexual union of the brute creation is *conscious happiness*. The reproduction of children follows rightly from romantic relationship; but it is not the sole object of marriage, or even the primary one under modern social conditions. Reproduction is merely one of the ways in which Romantic Love finds expression. A man and a woman may be ideal lovers though quite unsuitable for parenthood because of poverty, hereditary qualities, social environment, and so forth. The Unborn have a right not only to Healthy Procreation but to Healthy Environment as well. Adults who cannot ensure both to their offspring should certainly refrain from reproduction. To ask them to refrain also from love-relationship is a mocking absurdity.

APPENDIX IV.

SUPPRESSION OF KNOWLEDGE.

THE opposition to the spread of Sex Knowledge is a horrible fact in every English-speaking community. It is particularly virulent in the United States in regard to Birth Control, in England in regard to Venereal Prophylaxis, and in New Zealand in regard to both. New Zealand may be regarded as peculiarly interesting, as a typical English community rapidly becoming Americanised—destined perhaps to be the last home of original Puritanism, if we may judge by the following official pronouncements:—

- (1) 1918. Mr. Massey, Prime Minister of New Zealand: "If I had my way with Miss Rout's correspondence, I would have her letters burned by the common hangman. The statements that are being made of the prevalence of venereal disease among the troops are infamous lies." (New Zealand newspapers.)
- (2) 1922. Mr. Massey: "The hold of venereal disease is evidently worse than I imagined. Something ought to be done to strengthen legislation already existent. It is a matter on which I don't profess my opinion to be worth much." (New Zealand newspapers.)
- (3) 1921. The New Zealand newspapers published reports regarding the fact that the Children's Bureau of the United States Department of Labour placed New Zealand second from the top of the list of nations *in respect of maternal mortality in pregnancy and child-birth* (although among the lowest as to infantile mortality). The Government Statistician stated that in his opinion the figures for New Zealand were fairly comparable with those of other countries, and an official enquiry noted "that the mortality of the year 1917 was the highest since 1894," and that "evidence was forthcoming clearly indicating that in this country (New Zealand) there is an abnormally high death-rate due to septic conditions, following on attempts to procure abortion, which deaths are included in our figures of general maternal mortality." In other words, the suppression of a knowledge of Birth Control has led to abortion and maternal mortality.*

* See Table of Statistics, p. 78.

- (4) 1922. The New Zealand newspapers published a report of enquiry into Venereal Disease held by the Board of Health Committee, in the course of which the Committee said: "The evidence before the Committee shows that promiscuous sexual intercourse is very prevalent, and that it is not confined to any particular social strata. . . . During the period 1913-1921 there were 10,841 illegitimate births and 33,738 legitimate first births within one year after marriage. If to the illegitimate births we add the total number of live births occurring within the first six months of marriage—viz., 12,235—which may be safely considered to have been conceived before marriage, we get a total of 23,076 births in which conception took place extra-maritally. In other words, more than 50 per cent. of total first births occurring within twelve months of marriage result from sexual contact prior to marriage."

The remedy for this state of things is obviously *early marriage and birth control*. But far be it from any officially-appointed V.D. Enquiry Committee to say so! Such Committees invariably spend half their energy in investigating the problems of V.D., and the other half in keeping the public from learning what has been discovered!

It may be remarked here that Birth Control knowledge is much more urgently necessary for women in newly settled countries than for those in the Old World. Unless the settler's wife can select suitable times for the birth of her babies she is frequently in grave danger of her life, owing to the absence of nursing and medical service in the "back blocks" of Australia and New Zealand and other countries. It is the absence of Birth Control knowledge which is largely responsible for the frightfully high maternal mortality in these new countries, and the consequent partial failure of land-settlement and nation-building.

- (5) 1923. The following document was received in London this month (January, 1923), and it is worth recording in full to show the lengths to which officials will go in their endeavours to deprive the people of knowledge:—

"Take Notice that five parcels containing forty-five copies of a publication entitled SAFE MARRIAGE, by Ettie A. Rout, have this day been seized as forfeited to His Majesty on account of breach of the Customs Act, 1913, namely, that the said publication is prohibited from importation into New Zealand, being an indecent document within the meaning of the Indecent Publications Act, 1910.

"Dated at Wellington on the 9th day of November, 1922."

(Signed by the Controllor of Customs.)

In England the methods employed are more sophisticated but no less effective. The falsification of official statistics, rather than their suppression, is usually relied upon. The following figures

are quoted to show how grossly the English public is being misled:—

(1) Page 115, of 1920 Report of Chief Medical Officer for England, states that the “number of persons dealt with during 1919 and 1920” at the Free Clinics was as follows:—

Syphilis.	Gonorrhœa.	Total.
105,619	87,792	193,411

These totals are dissected into (a) number ceasing to attend before completing a course of treatment; (b) after doing so, but before final test; (c) number discharged after completion; (d) number under treatment on January 1st, 1921. *But*—when the dissections are added, it is found that there is a *discrepancy of no less than 19,996 cases!*

(2) Page 75, of 1921 Report of Chief Medical Officer for England, fails to tell us the number of persons dealt with during 1920 and 1921, as was done for the years 1919 and 1920. *Only new cases are given.* By this method the number of persons who, on 1st January, 1921 and 1922, were under treatment or observation, was *wiped out annually*. That is, each year is run in watertight compartments, and on each December 31st the “*liabilities*” are coolly dropped and a *false improvement is noted*. Thus, according to page 115, of 1920 Report:—

The total V.D. cases for 1919 and 1920, was	...	193,411
Add new cases for the year 1921	... ..	67,032

Total for the years 1919, 1920 and 1921 260,443

But, according to page 75 of 1921 Report, the “first time” cases for these years numbered:—

1919.	1920.	1921.	
82,797	85,531	67,032	= ... 235,360

showing another *discrepancy of no less than* 25,083*

(3) The 1921 Report suggests that “there may be some reduction in these maladies,” but that this suggestion is without foundation is shown by the following figures:—

	1919	1920	1921
(a) Total attendances	... 1,002,791	1,488,514	1,653,692
(b) Number of Clinics	... 160	190	194
(c) No. of cases dealt with during 1919 and 1920, 193,411, giving yearly average of 96,705.			

* In addition nearly 60,000 patients disappeared during 1919 and 1920 before they had ceased to be a danger to themselves and to the community; some women-patients continue under treatment for two or three years; and the cost of the Clinics in England is now over a million pounds per annum.—E. A. R.

No. of new cases for year 1921, 67,032, plus number of cases carried over on January 1st, 1921, 76,616; total, 143,748.

Thus, instead of the "reduction" suggested, there is actually an *increase of no less than 47,043.*

(4) In addition, it has to be noted that the Annual Reports fail to tell the public that in the general community it is believed there are at least *four times* as many cases of Gonorrhœa as of Syphilis, whereas at the V.D. Clinics the number of cases of Syphilis *exceeds* the number of cases of Gonorrhœa; hence, at the Clinics *less than two-fifths of the actual cases are recorded*: such unrecorded cases are treated privately or not at all. Large numbers of cases occur among patients in the General Hospitals, T.B. Hospitals, Mental Hospitals, Infirmarys, Gaols, etc., etc. The public is misled into believing that V.D. Clinic statistics reveal the major portion of the evil, whereas actually they touch only the fringe of it.

TABLE OF STATISTICS ISSUED BY THE UNITED STATES DEPARTMENT OF LABOUR (CHILDREN'S BUREAU), WASHINGTON.

MATERNAL MORTALITY RATES IN THE UNITED STATES AND CERTAIN FOREIGN COUNTRIES.

Country and Year.					Deaths from Puerperal causes per 1,000 live births.	
The Netherlands	...	...	1920	...	2'4	
Sweden	...	...	1917	...	2'5	
Italy	...	...	1917	...	3'0	
Norway	...	...	1917	...	3'0	
Uruguay	...	...	1920	...	3'4	
Japan	...	...	1918	...	3'8	
Hungary	...	...	1915	...	4'0	
England and Wales	...	...	1920	...	4'3	
Finland	...	...	1918	...	4'4	
Ontario	...	...	1919	...	4'5	
German Empire	...	...	1918	...	4'9	
Australia	...	...	1920	...	5'0	
New Zealand	...	...	1921	...	5'1	
Spain	...	...	1915	...	5'2	
Ireland	...	...	1920	...	5'5	
Switzerland	...	...	1915	...	5'5	
France	...	...	1914	...	5'7	
Scotland	...	...	1919	...	6'2	
United States (Birth Registration area)	...	...	1921	...	6'8	
Belgium	...	...	1919	...	7'2	
Chile	...	...	1920	...	7'5	

Source: Compiled from official sources, or from "Annuaire International de Statistique." Latest figures available, Dec. 1st, 1922.

APPENDIX V.

CAUSING STERILITY.

THE allegation is frequently made that the use of contraceptives causes sterility. I have, therefore, asked Dr. Barbara Crawford, M.B.E., M.B., Ch.B., to write the following note on this subject:—

“Among the many foolish objections to the use of contraceptives, which are brought forward from time to time, the fear that they may predispose to, or even cause, sterility is one of the most persistent—such fears are quite groundless if hygienic methods are used. Anything and everything may become harmful if misused. I have known a dirty tooth-brush to cause ulceration of the mouth, and a communal hair-brush to convey ringworm, but this does not condemn the proper use of these articles; in the same way, the careless or incorrect use of contraceptives does not condemn these, but rather the ways of the ignorant users. A case came recently to my notice, where a husband used a penile sheath, which was never washed after use, only dried and kept in his coat pocket. His wife suffered from vaginitis with great irritation, and this was attributed by a doctor, who did not know the full details, to the use of contraceptives—it certainly was, but it was the dirty insanitary method that was to blame.

“I have known a woman who wore a contraceptive pessary for weeks on end without removing or cleansing it in any way, and the pessary was blamed when she experienced irritation; and I have known a woman do the same with a surgical pessary, worn for a displacement, for a much longer time and with much worse results—the pessary was not blamed in this case, but the woman's careless neglect of instructions.

“About one in ten of all marriages in this country are infertile, so some cases must be expected where pregnancy will not occur, even if contraceptives have been used for a time and then discontinued. This may be due to lack of development in either husband or wife, or to other causes quite unconnected with the previous use of contraceptives, and all it demonstrates is that that particular couple need not have troubled to use them.

“No one need fear any harm as the result of properly used modern contraceptives, but it is advisable to have individual medical advice as to what to use and how to use them. I do not advise the penile sheath now that we have contraceptives so much better. A

badly fitting pessary may be absolutely useless, and a dirty one a source of disease; some of the small 'cervical' cap pessaries, advocated largely at present, are difficult to apply, and are quite unreliable, for, even when properly placed in position, they do not always remain there. Certain crude chemical contraceptives may cause a temporary sterility by producing an irritative condition of the vaginal passage, which causes the secretion of the part to become too acid, and this acidity devitalises the spermatozoa and so prevents conception. This can be remedied by discontinuing the use of the irritating chemical, and syringing with a weak alkaline solution (bicarbonate of sodium 2%). Some of the best contraceptives actually prevent sterility in many cases, for they safeguard the woman against gonococcal infection, which is one of the most frequent causes of pelvic disease and sterility. I refer to the 'Proseldis' tablet, which, used in conjunction with the 'mensinga' cap pessary, is a most clean and efficient method. When this method is used natural intercourse is interfered with to a minimum and full sexual pleasure obtained.

"So many cases are known to me of young married people who could not afford children at first, or who were in lodgings, or going abroad and could not conveniently have a family, who have used contraceptives for the first few years; and afterwards, when circumstances altered, on discontinuing these, have had a baby within a year; and mothers, who after the birth of a baby, have used the Proseldis 'dutch cap' for a year or two to prevent pregnancy occurring again too soon, and have had more children later when they wished them, that no doubt exists whatever as to the safety and harmlessness of these methods.

BARBARA CRAWFORD.

APPENDIX VI.

SUPPLIES.

THE "Proseldis" supplies mentioned here are manufactured by Messrs. Harman Freese, Ltd., of 59, Bermondsey Street, London, S.E.1. The cocoa-butter suppositories are sold at 3s. 6d. per box of twelve; and the Proseldis "dutch caps" at 5s. each. It cannot be too often repeated that the services of a competent medical practitioner to fit the pessary in the first instance is highly desirable.

Re EFFERVESCENT TABLETS (for tropical countries and otherwise): The "Proseldis" effervescent tablets are composed of a suitable effervescing mixture with a little starch, to which 0.2 per cent. CHINOSOL has been added. These tablets are then wrapped in damp-proof paper, tinfoil, and again in damp-proof paper, and thoroughly waxed. As a test I carried some of these wrapped tablets loose in an ordinary handbag for several months, and found they kept in perfect condition. If the cocoa-butter suppository is being used, it is best to insert this first, then insert rubber pessary, as explained on pages 47-49; but if the effervescent tablet is being used, insert rubber pessary first (as may be convenient), and slip up the effervescent tablet *five minutes before connection*. The effervescent tablet readily dissolves in the ordinary secretions of the vaginal passage, but if these secretions are scanty—add a little water by means of a tiny syringe, or *dip the unwrapped tablet quickly in and out of water* and then insert it. The tablet thus becomes the vehicle for conveying the extra moisture required. This tablet offers the least amount of interference with normal feeling; and, as it is non-greasy and odourless, it is preferred by many women. For India and other tropical countries it is ideal. It is manufactured by Messrs. Harman Freese, Ltd., of 59, Bermondsey Street, London, S.E. 1, and sold at 3s. 6d. per box of twelve. It is antiseptic as well as contraceptive. Douching next morning (or after connection) is, of course, necessary for comfort, cleanliness, and safety.

An additional precaution is to put a thin smear of boracic ointment on the rim of the rubber pessary. Tubes of this can be obtained for a few pence at any chemists.

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